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How are Schools of Nursing Obligated to Prepare Students for Public Health Nursing?

(By Ella Phillips Crandall, R. N.)

Fellow-nurses, Members of the Canadian Society of Superintendents of Training Schools for Nurses and the Canadian National Association of Trained Nurses: Permit me to express my deep appreciation of your invitation to speak to you on this occasion, and of the subject which you have asked me to discuss.

The whole question of schools of nursing giving preparation for public health nursing is in the making. There is, even yet, honest doubt in the minds of some of our able women as to the justifiability of making the undergraduate school responsible for anything more than a technical foundation, leaving all training for specialized service to postgraduate schools.

However, I believe this latter judgment is bound to give place eventually to present demands for a more liberal curriculum and a quicker preparation for public health and for other fields of nursing. Otherwise, we cannot hope to attract college graduates and other women of superior education in sufficient numbers to fill the teaching and administrative posts or other positions of equally important and highly specialized character.

Nevertheless, it cannot be too strongly emphasized that *no school* is obligated to undertake such an extension of its established course of training until it can show that it is equipped to do so. In fact, it ought not, because the dangers of so doing are just as real and just as imminent as those old familiar ones of sending students into private homes, although somewhat less serious in character.

Unless formal contracts can be established between the school and some local public health nursing agency which secure to the student a distinctive student service under adequate supervision, supported by appropriate class and lecture work and grading; and also assurance of attendance upon all regular classes at the hospital, the pretense of instruction in this attractive field becomes only a new form of exploitation.

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Both the hospital and the association must recognize that they are assuming new obligations. The hospital agrees to surrender a given amount of free labor, represented in the work of the students, and must arrange in advance to augment this loss by a proportionate increase of students. Otherwise it automatically lowers the standard of care given to patients by reducing the usual quota of students available for ward duty or it inflicts the alternative of over-work upon its students.

The association must recognize that it is contracting to perform two functions instead of one. It consents to become a teaching as well as an administrative body and must equip itself for additional supervisory work of a high order, worthy to be called teaching. While it will have some small return in actual service of the least valuable kind, it will have expended much more in the addition of the most expensive worker, i.e., supervisors.

But it is not the dangers that should be emphasized so much as the very encouraging evidence of progress in nursing education indicated by the fact that everybody concerned is thinking seriously and inquiring earnestly about the matter.

At the 1917 convention of the three national nursing organizations in the United States, the programme gave marked attention to various aspects of the subject. The following are the titles of some of the papers:

Sara E. Parsons, President, National League of Nursing Education, Massachusetts General Hospital, Boston.

Some Modern Demands on the Graduate Nurse:

(a) Mental Hygiene;
(b) Communicable Diseases, including Venereal and Diseases of Special Senses;
(c) The Prevention of Diseases of Infants and Children.

How can these demands be met?

(a) Educational Obligations;
(b) Problems of Administration and Legislation.

Should pupils in small schools be prepared for public health work?

Medical Service:

As it relates to Training Schools in behalf of Student Nurses;
As it relates to the Economical Administration of Hospitals.

The training and status of attendants.

Plans for a Central School on an independent endowment.

Social Hygiene.

The relation of Clinical Records to Vital and Morbidity Statistics:

(a) Teaching the Meaning and Value of Morbidity Studies to Students;
(b) Relation of Clinical to Social Histories; Obligation of Hospitals; Dispensaries and Public Health Nursing Agencies.

Problems of Teaching:

Teaching Problems of the Instructor in Public Health Nursing.

If, or let it be said, when central schools and endowments for schools shall have been established as suggested by these last two papers, the way will be wide open for liberalization of the curricula. This will provide for elective courses in the senior year; and, *possibly*, (as some already believe and hope should come about), more than one diploma or degree in nusring.

Some experiments in this direction, even now, give promise of the feasibility of such a plan. Through such affiliation as has been described, several schools in Boston, Providence, New York, Philadelphia, Cleveland and various other cities offer to their seniors short courses in visiting nursing. In Boston and New York, two diplomas or certificates are granted at the end of the third year to students who have taken both courses. The one in Bellevue, New York, is particularly significant because it represents an affiliation with the School of Philanthropy, whereby specially qualified students are permitted to take up two years of nursing and one year of social training and receive the diplomas of both schools, whose regular courses combined represent five years of study.

Affiliation with a school of philanthropy is obviously less desirable than with a school or college which offers special courses in public health and social service nursing such as Teachers' College, Simmons' College, and others, but it certainly points the way to similar connections with the latter.

Further developments in advanced postgraduate study are foreshadowed by the School of Public Health which has recently been provided for at Baltimore by the $5,000,000 endowment of the Rockefeller Foundation, and which will afford opportunities for higher education of public health nurses as well as other public health workers.

To return to the undergraduate aspects of the subject, the National Organization for Public Health Nursing adopted a year ago a modest introductory course in public health nursing for use in schools of nursing. It provides:

(1) That each probationer shall have about one week of observation (in half-day periods) in the homes of district patients under the direction of a local visiting nurse association or hospital social service department. This will give every student a sense of the social as well as the physical aspects of her patients' lives and serve to broaden and deepen her sympathies and protect her against the danger of becoming mechanical or callous.

(2) A consecutive series of lectures for all students has been arranged, requiring five hours in the first year, ten in the second, and ten in the third. These aim to give the students a general idea of public health and social problems in urban and rural life; the official machinery and private agencies established to meet them; and the relation of the nurses' work to them.

(3) A special course of thirty hours' class and lecture work, and two months' field work for third-year students who elect it. This does

not qualify any student for a position in public health nursing, but will be credited on a post-graduate course.

But by far the most significant development in nursing education which the United States has produced is the "standard curriculum" which the National League of Nursing Education has recently adopted. In addition to fine co-relation of all subjects, this provides for the public health and social aspects of disease. It greatly increases the time devoted to diseases of children, to communicable diseases, and those of the eye and skin. It lays new emphasis on mental and nervous diseases. It also relates normal to pathological conditions, which are indispensable in public health nursing, because its workers deal so largely with prevention and aim at detecting and correcting physical defects before they become serious.

The standard curriculum will of course commend itself to any thoughtful superintendent as far preferable to a limited specialized course such as the one suggested by the National Organization, but the latter wil probably serve for some years to come exactly as it aims to do, i.e., only as an introduction to public health nursing in schools that cannot provide for the standard curriculum. When the latter can be introduced, this modest effort to meet a pressing need will automatically be displaced.

Again, it should be said that only a beginning has been made. The ultimate answer is that nursing education, like every other live, progressive thing, must adapt itself to modern demand.

Just as a social settlement changes its very life to meet the changing nationality of its neighborhood population from Jew to Italian, and Italian to Slav, so schools of nursing must prepare their students for the almost alarming demand for *really prepared* public health nurses. Already lay social workers and health visitors trainel in schools of philanthropy are filling positions that in all probability would not seek them if nurses of proper academic and professional qualifications were to be found.

Therefore, from the standpoint of public health nurses at least, it seems clear that the best results will be obtained when it becomes possible to offer a course in nursing education divided into two years of uniform technical training and one year of elective studies leading to an appropriate diploma.

The demand comes from the public, and nothing lives long after it ceases to serve the public need. There need be no fear that the leaders in nursing education who have guided our course so ably up to the present time will fail to see the signs of the times and rise to the emergency before it is too late, although indications are already at hand that adjustments are coming somewhat tardily. Even this measure of delay can hardly be charged to nurses. It is primarily due to the restricting influence of the schools' dependence for financial support on the hospitals to which they are bound.

The word "emergency" is used advisedly, because the war has placed demands upon nurses such as the world has never known. Warring nations never before rated protection of public health on a par with surgical and medical care for soldiers and sailors. The supply of public health nurses, which is already seriously insufficient, will be desperately inadequate if the war continues, because they will be needed in Federal service and they will be pressed into new posts of responsibility at home, such as sanitary inspectors and deputy health officers, to take the places of physicians who are drafted for military duty. Then, when peace comes again, the public will have learned to an unprecedented degree the meaning of community health and the importance of national health, and in consequence will require public health nurses in numbers we would have thought impossible before.

These remarks have been confined to public health nursing because the subject assigned clearly indicated the wish of the programme committee, which did me the honor of inviting me to address you to-day. But I beg you to bear in mind that, while speaking primarily for public health nurses and in behalf of public health nursing education, I am deeply sensible that if what has been said has any merit, every word which has been spoken applies with equal emphasis to all other fields of nursing.

If there is any distinction at all, it is merely the fact that public health nursing is still so new that it has not yet received its full recognition in undergraduate schools of nursing.

It remains to be said that the nursing profession faces *now* one supreme duty, i.e., to so interpret itself to the public (its field of opportunity, its modern standards of education and the improved social life of its schools), that greatly increased numbers of educated young women will enter its schools, stirred at present by patriotic zeal, but soon to learn that it offers a professional life of dignified and permanently satisfying service.

A committee has recently been created in the United States, known as the National Emergency Committee on Nursing, whose whole purpose is to set in motion a carefully studied programme looking toward this end.

It has already taken the initial steps to reach the 1917 graduates of women's and co-educational colleges, about 10,000 in all. To those who have requisite credits in science, a special course in nursing will be offered by at least fourteen leading schools of nursing, granting from six to twelve months' exemption.

A similar appeal is planned to 1917 graduates of high schools and of technical and private schools, although not offering a shorter term.

Letters will be addressed to hospital superintendents and managers, urging them to make necessary provision for receiving larger classes of students in order to meet the increased demand.

Other measures are under consideration which aim to meet the extraordinary need created by the war, but, if successful, will react with permanent advantage to standards of nursing education.

The committee has for its chairman that leader in thought and action in all matters pertaining to nursing education, M. Adelaide Nutting. The three national associations are represented through their presidents, and the Red Cross by Miss Delano. Recognizing that the plan must reach far beyond nursing *per se*, the following eminent persons have been invited and have consented to serve: Julia C. Lathrop, Chief of the Federal Children's Bureau; Lillian D. Wald, Head Worker of one of our most important visiting nurses' associations; Dr. Winford H. Smith, Superintendent Johns Hopkins Hospital, Baltimore; Dr. S. S. Goldwater, Superintendent Mt. Sinai Hospital, New York; Dr. Herman M. Biggs, Commissioner of Health of State of New York; Dr. C. E. A. Winslow, Professor of Public Health of Yale University; Dr. William H. Welch, Johns Hopkins University.

Much is expected at the hands of this impressive committee, and it is reasonable to hope that nursing will emerge from this most devastating war with an honorable record of having served much and also of having been served in its own worthy efforts to establish itself upon a sound and dignified educational basis.—*Read at the Convention of the Canadian Society Training Schools for Nurses.*

*A Tale of a Casualty Clearing Station

I have been asked to speak on the subject of nursing in France. Speaking generally, our Canadian nurses are found only in two different types of hospitals in that country: (1) in hospitals on the lines of communication; (2) in casualty clearing stations, which are the field hospitals nearest the fighting line, and which follow within a few miles of the field ambulances of the division, and receive all patients evacuated nightly by the latter units.

As my time is limited, I have decided that it is best to describe only the character of the work performed in these latter hospitals. In order to do this, my aim has been to find a word-picture of one of these hospitals—of its work and the conditions under which its medical staff labour.

I have been fortunate. Not long ago I discovered in Blackwood's Magazine a most charming story of a casualty clearing station, written, apparently, by one of its officers. *This pictures in a most realistic way the work of a casualty clearing station, the rapidly changing scenes, the days and nights of arduous labour accomplished by its staff.*

** A paper composed principally from "A Tale of a Casualty Clearing Station," published, supposedly, by an officer of the R. A. M. C. in Blackwood's Magazine, Volumes November and December, 1916, and January and February, 1917.—Read at the Convention of the Canadian Society of Superintendents of Training Schools for Nurses.*

To me, who have had some small experience of the life military, it brings to mind much that I know to be true, and at the same time neither exaggerates war conditions nor fails to give a true conception of the sufferings of our gallant wounded.

Oh, that I had time and experience to present this story as it has been written! Suffer me only to give a short sketch of this officer's history of this hospital, which, although brief and shorn of all literary adornment, may bring to your minds the life of those faithful men and women whose privilege it was to serve in a casualty clearing hospital during the early days of the war.

The hospital described was mobilized in England early in August, 1914. Its personnel consisted of about eight officers and eighty-five men. Its equipment weighed twenty-five tons. Included in this was a sufficient number of tents to house 200 patients. It was landed at Rouen, and, by means of horse-transport and railway, it found its way to St. Quentin. At this place the medical officers had their first experience of billeting. There came orders to proceed to Railhead, which is the farthest point to which trains are permitted to approach the enemy's lines. The officers were allotted half a cattle truck; two were apportioned to the men. As there were eight officers and eighty men, the comforts of railway travel in war times can be appreciated. On they went, ignorant of their destination, knowing only that a battle was in progress. What they were to do when they arrived at Railhead was left to the initiative of their commanding officer.

That the field ambulance would collect the wounded and send them back to Railhead was to be expected. At midnight they arrived at a scene of desolation. No new orders awaited them. Was this the night before the battle or the night after the battle? Morning broke, the men soon had their camp kettles sizzling beside the track. In an hour or more troops came into view; they were khaki-clad and more than weary. We had received no news as yet of a reverse. If ever ignorance in this world was bliss, it was then. It was the retreat from Mons.

The British army had not yet made its celebrated stand at Le Cateau. It was the station-master who raised the alarm; he informed us that he was leaving his post at once. This caused us to think furiously. The Sergeant-Major, having ideas of his own, went the round of the train and ordered the men to erase the scurrilous remarks and sketches in chalk, redolent of the Kaiser, adorning the outside of the carriages. He was of the opinion that such embellishments might, under certain circumstances, become unhealthy.

We returned to St. Quentin. Our subsequent orders were to depend on the Germans. The collection of the wounded from an army in rapid retreat can only be done with any success by staying with the wounded and surrendering the medical unit *en bloc*. Our fate hung in the balance all the morning.

It was not until 7 p. m. that our train moved. Shortly after daylight the train dribbled into a station. Nobody came to meet it. At last a senior staff officer was discovered sitting along near the telegraph station.

"What are you doing here?" enquired the latter, anxiously. "This is Noyon, and no place to loiter in, unless you want to be captured."

Presently we discovered a solitary figure leaning disconsolately against a station-house. Closer observation disclosed a dirty, unkempt, young medical officer.

"Who are you?" we asked.

"Medical officer of the —— Regiment."

"What has happened? Where is the regiment?"

"Don't know," answered the youngster. The Colonel gave the order to retire. I retired with them. They scattered; I lost them; I believe they are all —er— killed."

We started our engine to Amiens. The Railway Transport Officer had just received orders to evacuate the station of everybody, without a moment's delay. There was no room for hesitation. We reached Rouen at 9 p. m. The scene at the railway station on that night of the 27th August was indescribable. How the tide of war was progressing we had no idea. It was seven o'clock the next morning when we were called to undertake our first definite job. Trains of wounded were arriving hourly from the front. It was necessary that these should be unloaded by skilled hands, their bandages possibly readjusted, and despatched to the neighboring hospitals.

The cooks rigged up a fire-place in the court-yard. They had a fire going and hot bovril and milk ready in fifteen minutes. Officers and men continued steadily with case after case all through that summer day. Quite 600 cases had already been fed, doctored and transferred to better surroundings since we had started. We "turned in" on the station platform. Only a deaf man could sleep on a French railway platform. We learned the trick.

To describe all that happened during the next twenty-four hours would be but to repeat the work of the first day. We slept, fed and worked on that one railway platform. The orders that reached us on the 29th proved that *our retreat had been stayed at last.*

One of the duties of a Clearing Hospital is to throw out tentacles wherewith to collect wounded from various railheads. This we were ordered to do. We sent a medical officer with ten men to Crail to collect stragglers. Another was to perform the same duty at the farthest railhead he could reach. These orders were encouraging; they told of an advance; and we were ready to give it a trial.

On the following day the orders came for the Unit to advance. For the second time, then, we bid adieu to Rouen. Our destination was

Le Mans. The Germans had turned tail and were on the run; wounded might be expected hourly.

On arrival at Le Mans we soon discovered that wounded were expected immediately. It was necessary to find suitable accommodation. The dismantled palace of the Archbishop of Le Mans was secured. It had housed the German General Staff in 1870. Within an hour wounded would pour in and we must be ready to receive them. A hospital had to be made out of little—somehow, but persistence won the day!

Within an unbelieveably short time the essential gear reached the palace. The report that wounded were quickly expected proved no myth, for they came in hundreds. Order developed out of chaos; we worked and did what we could.

Our place was to be taken by a Stationary Hospital, with Nursing Sisters, more elaborate equipment, and the comforts incidental to permanency. But when? There was a pause, and some of us ventured forth to an estaminet to dine, only the Major remaining on duty. What exactly happened during our absence it is difficult to portray. Imagination, however, can fill in detail. The Stationary Hospital, on its way, with all its elaborate equipment to carry on the work we had begun, needed nursing sisters. Some twenty of these ladies had been unexpectedly captured by our staff at the railway station and despatched, in anticipation, to the palace which we occupied. The Major, comfortable in pyjamas after a wearisome day, was awakened to show them where they were to sleep. His views on women were, at that time, somewhat straightened. An excitable young nurse, seeking a home in the attic in the dark, gave vent to despair.

"This is hell!" she cried.

"No, not hell," growled the Major, "only war."

The Stationary Hospital arrived next day. We were no longer wanted—ours was pioneer work.

Day by day we enjoyed the calm repose and peace of the spot until six days had passed. We were hourly growing more restless. We knew that it was the calm before the storm. The order, as usual, came suddenly. As usual, we could not know our destination; the O. C. was told "Railhead!"

It was obvious that we were badly needed somewhere—but where? In a rapid advance "Railhead" changed daily. The only way seemed to go on with the supply train and see. After many delays and disappointments we arrived at Coulommiers. A large station-house was already filled with wounded; we had no time to spare. We annexed every inch of space. The building made two wards, and the office between served as a mortuary. In the station-yard our cooks arranged their kitchen. Motor-lorries continued to arrive at short intervals, all laden with wounded lying on straw. The station was quickly filled as night fell. Everyone worked with at least three hands, and hot bovril and milk

were served to all. The night wore on, and still the wounded came. The reek of blood, the cries of those for whom morphia could be their only help, rent the air!

A horde of prisoners arrived—some slightly wounded, some on the point of death. A German captain was given a billiard table for a bed; he looked about him in wonder: "How terrible! How terrible'" he kept on repeating.

The cooks never ceased to make soup; the officers worked independently and steadily, and there was little time for consultations.

It was two o'clock a. m. on the second night. Sleep was a luxury of long ago. Help was called from a station nearer the Marne; the work then began to slacken; evidently the advance was continuing.

The untutored mind imagines that a wounded man must, of necessity, be fallen upon and have his wounds dressed and prodded at sight. Experience teaches that ninety-nine wounded men (who have already received first aid), need their stomachs filled and a bed to rest on *before all else*. Most of them have gone through strenuous work before being wounded, and wish, above all things, *to sleep!*

The lull did not last long. That night supply-lorries in never-ending convoys arrived at all hours. But a welcome ambulance train relieved us of 177 at breakfast-time.

Another move. The night was pitch-dark when we arrived by lorry. We received orders to take over a deserted granary; it was already half-filled with wounded. Work began with the new day in grim earnest; twenty-five lorry-loads was one item.

The scene during the first few days was not easily forgotten. A little office was the operating theatre. The Chief operated; the Colonel gave chloroform and orders at the same time; and the Quarter-master fed those who could swallow. In the meanwhile there was a little rest. Convoys from the Aisne trenches arrived steadily. British, French and Germans came together; we took all.

Then came the fear of tetanus. The wounded, their clothes impregnated with the mud of the trenches (these dug in highly-cultivated and manured ground), were running dreadful risks. Fortunately there is an anti-tetanic serum most valuable as a prophylactic.

After a few days our house was too small. Another house, a hundred yards away, had to be commandeered and fitted with beds and mattresses bought from the townspeople.

On most of those first nights convoy succeeded convoy through all the early hours of the night—50 in one, 150 in another, 100 in a third—until sometimes we were in despair for room.

There came a night, dark and drizzily, when we were almost at our wits' end. Our improvised hospital was filled by dark. The church, which was in possession of another clearing unit, could take no more. Still the convoys continued to arrive from the front. The breaking-point had looked alarmingly near before the relief train came.

At last, the tide of war calling away the other units, we were again left alone. Our surgeon, with a picked detachment, promptly took over the church. It seemed his by right! The Curé—a genial soul—requested leave to continue to hold his morning Mass. This was readily granted. With rows of wounded lying on their mattresses, and the priest droning out his service at the altar, the place presented a bizarre appearance. The smell of incense competed with that of drugs, and the boom of the cannons in the distance added to one's mental confusion.

On the 16th October our Colonel was suddenly confronted with an official question from Headquarters: "How long will it take you to clear out" "One hour!" was the reply. "Well, then, here are your orders."

A New Front

We journeyed forth en route for Villeneuve. It was daylight when our train pulled up at the great railway junction. Our destination was Abbeville. The Colonel borrowed a motor and started across-country in search of a plant. St. Omer was the selected point.

St. Omer

An enormous jute factory, some seventy yards in length and almost empty, close to the station, was offered by the *Maire*.

"When was our first batch of wounded to be expected?" was the first question on arrival. The long convoy of motor-ambulances which filed into the court-yard at midnight presented a wonderfully different scene to the straw-laden lorries of the Aisne. The days that followed that first rush into St. Omer proved to be but constant repetition. The arrival of large convoys at night, operations and dressing of wounds all day, and evacuation by ambulance trains at all hours, gave the staff little rest.

To the inexperienced the physical conditions of the soldier carried direct from the battlefield to the dressing station, and thence lodged in the Clearing Hospital, is unbelievable. Grimed with mud, unwashed for weeks, his clothes infested with vermin, and his boots glued to his feet—he is still a hero. With set teeth and fingers gripping the sides of his stretcher, he faces the tortures of wound-probing and fracture-setting with the pluck that can only come of heredity. Few fail!

Jones, a simple, uneducated laborer in civil life, must, in some former existence, have been the original of Mark Tapley. A shell had smashed his thigh grievously, and a bullet, piercing his temple, had exterminated one eye and remained in his brain. Day by day he smoked his pipe contentedly. "I am," he explained, "a lucky man; most men would have been dead of this!" The attempt to save his leg failed. Suddenly, one afternoon, his femoral artery burst in the wound. The surgeon, who was in time, stopped the hœmorrhage, and then and there amputated the limb. Next morning Jones smoked his pipe as usual, smiled with contentment, and returned thanks for his good fortune. A few days later poor Jones suddenly lapsed into unconsciousness. There

was obvious trouble in his head. A portion of the cranium suspected of concealing the lost bullet was opened. An abscess was found, a tube inserted, and the head bandaged. Next morning Jones, minus a leg, with a tube in his head, but normally conscious and happy, again smoked as usual. This time he was quite sure that his luck was phenomenal, and said so with a smile of decision. Poor hero! If he is alive after the war, one trembles to think of the possibility of *his* being in want.

Bethune

In course of time critics came with suggestions. The Colonel was asked if the presence of Army Nursing Sisters as part of our personnel would be useful or otherwise. With memories of the retreat from Mons and the Granary at the Aisne in his mind, the Colonel blanched. At length, however, we were persuaded to try the effect of a few women nurses in places where circumstances permitted. The comfort of severely wounded men had to be considered. In large French towns Sisters could undoubtedly help much, so a chosen five were sent us.

We were in reserve; it was the day before Christmas, with no thought of storm. Then came orders: We must push off to Bethune. We were to be billeted in a young ladies' boarding school! The last unit that was in the "Ecole des Jeunes Filles" at Bethune hurriedly left on account of shells.

The Nursing Sisters, with disappointed hearts and fear of being permanently left behind, stood and watched us depart. Having arrived at our destination, some sixty patients were received that same evening from the Field Ambulance in Bethune.

The "Ecole des Jeunes Filles" stood on the side of the town nearest to the enemy trenches; consequently its roof had been smashed by shells, its windows demolished by shock; the Germans, however, had seen fit to leave it in peace for a month or more—hence our venture.

The aspect of the picturesque little town was markedly different to that of St. Omer. Bethune, its streets crowded with muddy soldiers of every branch of the service, vied with Aldershot on a big field day. The incessant boom and screech of artillery in the near distance was wonderfully stimulating by contrast with the calm of St. Omer. The wounded, as they were lifted from the wagon, rolled in mud and still throbbing with excitement of battle, reached us at eventide. The dressing-stations of the Field Ambulances were but a few miles outside the town. Wounded in the afternoon, a man frequently found himself in a *real* bed by 7 p. m.

The five Nursing Sisters, when quarters were eventually found for them in the town, were in their element. The building, invaded by a multitude of begrimed sick and wounded, would no sooner be cleaned than another lot obscured the horizon. Each morning an ambulance train arrived from the Base, and the daily clearance of those cases fit to travel followed. The men, with clean faces and clean shirts, each wearing the usual ticket denoting the nature of his injury, and smiling as he was

carried forth on a stretcher to the motor ambulances, were certainly not recognizable as the same who had entered the evening before as begrimed derelects. Those Nursing Sisters did splendid work! They were not given like ourselves to talk, and never rested except when driven.

Comparative calm prevailed, and the fact that German shells might at any moment disturb our serenity had almost been forgotten. Next morning the crash came; it was just about getting-up time. A shriek like a mammoth rocket, ending in a crashing explosion, apparently just outside the window, shook the building to its cellars. Another shriek of metal echoed through the compound as we sprang from our beds and rushed for clothes; 217 patients were in the building—many of them serious operation cases. What of them? By the mercy of Providence not a patient had been injured; every one was carried out to the entrance hall in safety. Then came another shell—swish!—bang! There was no time to be lost in loading up the ambulance wagons. The time spent in evacuating the 217 cases was 35 minutes, and the help that the patients themselves offered was a marked feature of the performance. The Nursing Sisters, fortunately, had not yet arrived at the school that morning. It was obvious that our beautiful building was unfit for helplessly wounded at present.

Neuve Chapelle

The order to locate ourselves in a certain little town a few miles in the rear was received at last. Every French village of any pretensions possesses a boys' school house; in towns within the war zone, where children are défendu, they are useful for hospitals; this we seized as a matter of course.

The Nursing Sisters, eating their hearts out in retreat back at St. Omer, were telegraphed for. They came next day. Each evening the long convoy of motor ambulances once more drove up to our doors. Monotonous routine of trench warfare took the place of the unexpected.

The Spring came at last, and with it a secret order to prepare to evacuate every patient then in the building, clear the decks for action, and sum up resources. The hospital buildings were almost empty of patients. There was no work. The Colonel's preparatory orders, however, had been explicit; and had been obeyed. He and the Quartermaster were once more in converse. The Quartermaster's store in the stables was visited. Were there food and hospital comforts for at least a thousand? Was equipment "ready to hand" for the immediate arrangement of "improvised ambulance trains" if a rush came?

There was no shadow of doubt when the battle began. At 7.30 a.m., almost to the minute, the first heavy gun gave the signal. It announced the battle of Neuve Chapelle. A motor convoy, loaded to its full capacity, soon rolled into the compound as expected. The wounded were gloriously cheerful! Before dawn they had "stood to arms" and, with fixed bayonets, waited for the signal, which to each individual meant death or victory. Orderlies and Nursing Sisters did not spare themselves. The

cooks were ready with literal "baths of soup, meat and vegetables," calling for consumption. The wounded rapidly forgot their bodily injuries, fed ravenously, smoked, rolled over and slept. But there were those, even amongst the first arrivals, who could eat little and sleep not at all. The Sisters washed their wound-stained faces, slipped off their clothes and issued clean shirts. The officers examining wounds shook their heads. Compound fractures of shoulders, shattered elbows, and here and there a limb hanging "anyhow," need more than a first field-dressing.

A second string of motor ambulances, and then another, and another. If only an ambulance train would come to relieve us! In a moment the news had spread through the building. Every case capable of facing a twelve-hour journey in a train was to be dressed, fed and ready within half an hour. Each one must bear a tally correctly stating the nature of the wound and what had been done for him; those unfit to move must be carefully segregated; a few would never move again; others needed a few days.

We evacuated three hundred patients in all; the last wagon for the train had not left when the new convoy from the front arrived. The cases now were of a different variety. Fractured thighs, and injuries requiring careful carriage could not be moved over the ground quickly. Stretcher after stretcher was carried upstairs into the operating theatre. The languorous vapor of chloroform permeated the building! The cries of men happy in delirium passed unnoticed! At long intervals our surgeon and his assistant came away in order to give the operating room time to air and to be cleaned. They smoked a cigarette and fed. Many of the worst cases were still to come; many were too bad to move; but the back of the battle had been broken.

May was all that Spring should be; the battle of Neuve Chapelle was some weeks old; and we began not only to listen to rumors, but to prepare for future eventualities.

Festubert

Some dozen miles down the line rested a Canadian clearing station; it possessed tents, but, having buildings, did not need them. We accepted an offer of assistance from them without hesitation. With the tents they sent a couple of officers and twenty-five men. The meadow behind the chateau was the very place for them; the tents were up in no time; the personnel was as keen as mustard to do something. An open-air kitchen with Canadian cooks joined the chateau staff with entente-cordiale. The "mother unit" welcomed them gladly; two officers, a handful of men, and three Canadian Nursing Sisters also suddenly reported for temporary duty. The total accommodation was now well over 1,000. Once more we waited in suspense—killing time and calculating.

The day of Festubert was a perfect summer day. To relate in detail all that happened during that day of many hours would be but a repetition of Neuve Chapelle.

Towards evening the usual lull became apparent. Night fell upon a scene too pathetic for detailed memory.

It was midnight. Every stretcher in the rooms was filled; there was little of the peace of night upon the scene; in the conservatory a delirious German, crawling, whining, and grabbing at the plants, required supervision; near to him a brace of others, oblivious to all things earthly, lay moribund.

T. Atkins, as usual, made little fuss; if he was in pain, we seldom knew it; a great many slept as happy as children. The electric light lit up the whole place like day; the night outside was very still, and in imagination one could see the sentries at their silent posts. There was no shadow of anybody being spared from his work that night. The Colonel mounted to the operating theatre where the "sleep warm" atmosphere of chloroform permeated the room; the flare of an acetylene lamp over the table showed him, at once, the cause of their momentary silence; the deep breathing of the soldier on the table alone competed with the hiss of boiling water. The surgeon, a weight of responsibility in his eyes, looked up as the Colonel entered. It was easy to read the cause; it was, unfortunately, no new tale; a shattered limb hung in the balance. Was it possible to save the leg without losing a life? The man had been wounded that morning.

"What do you think, Colonel?" asked the surgeon, anxiously.

"You can never save it," said the Colonel.

"Can he stand the operation?"

"He must; he will die if it is left."

It did not take long; practice had made the operative technique perfect. Only one more hero to face life with one leg, or next day to slip from our grasp into a land where it mattered not at all. Which was best?

The Colonel hurried away. Another stretcher, with its waiting applicant for a place on the table, already blocked the hallway. There were many other places to be visited. A surgeon and his coadjutator were found struggling successfully with bullet forceps in their tent; pieces of shrapnel the size of half an egg are better outside the body! A Canadian Sister, indefatigably doing her bit, stood by.

At breakfast time another welcome ambulance train announced its arrival. The battle was over, but the worst of the aftermath still remained. The second day was almost as bad as the first.

"How many admissions do you fellows think my wretched clerk has got in his book for yesterday alone?" asked the Colonel. "Our discharges reached 2,000, and goodness knows how many have escaped record."

"I'll bet the Huns could show a record to which, in comparison, ours is nothing," said the Major.

"Please God!" echoed the Chaplain.

The Preparation of Nurses for Military Work

(By J. Cameron Smith, Matron, C. A. M. C.)

At the present time we become very conscious of a fact not always emphasized—namely, that modern, scientific nursing was born out of military necessity. The efficiency of the civil hospital, the pride of this age, owes its inception to the courage and skill of *one woman during a great war*. In considering the preparation of nurses for military work, therefore, we would do well to bear in mind that it was a maxim of Florence Nightingale that a woman cannot be a good and intelligent nurse unless she be a good and intelligent woman. In a military nurse, especially, we must have this foundation, or the superstructure will fall ignobly, like a house of cards.

Besides being endowed with those characteristics and graces which qualify a woman to answer the call of suffering humanity, the Army Nursing Sister must possess dignity of deportment in a high degree as well as that innate refinement and purity of heart which compels respect from all classes of men. If she have youth, beauty and magnetic personality so much the better, and it goes without saying that a good constitution and good general health are a *sine qua non*.

Before she receives any special military training (the usual period is one month), the nurse must have graduated from a standard hospital training school, so that her instruction now is of a purely technical nature; military ethics and etiquette as distinguished from the codes that govern the profession in civil life. Military law and military administration engage her attention and become more or less a part of her being. She must learn the insignia of the various ranks of commissioned and non-commissioned officers, and understand the respect due to and demanded from each; the duties and responsibilities of each rank, especially her own, in order that she may know her powers and when to use them; the care to be taken of army property and equipment, and the proper form of writing army letters and reports. She must study the functions of the different departments of the Army Medical Corps that are organized for the rescue and succour of the wounded; the various stages in the transportation of the latter from the battlefield to a base hospital; the routine which must be observed when patients are admitted, transferred and discharged, and many other details.

It is impressed on the nurse entering military work that she must be prepared to leave, at a few hours' notice, a post which she may especially enjoy, where associates are congenial, and patients in whom she has a deep personal interest. In the Army there is no place for settled friendships, as there is none for animosities. Self must be sacrificed on the Altar of Duty, and the incense of respect for authority kept burning day and night. "Speak, Lord, for Thy servant heareth," should be the atti-

tude of mind of the Nursing Sister towards her superior officers, for discipline is the very essence of military life as it is of moral training. She who cannot obey is never fit to command, and, in this war especially, administrative ability is more necessary in medical workers than ever before.

All ranks in the Army, nurses not excepted, must acquire the habit of maintaining a guarded reticence in regard to purely military matters that may come to their knowledge, and in no way, either in conversation with civilians or by letters, discuss any subject involving criticism of military authority.

One knows that in civil life no organization can be a success unless its members are united by *esprit de corps*. Does not the very phrase confess its origin? The Military Sister must have that loyalty to the Army, to the Medical Corps, to her own Unit, which keeps her silent when adverse criticism might suggest itself, that impels her to pay willing respect to authority, even if the personality which that authority clothes be unattractive or repulsive. Once she dons the King's uniform, she bears the seal of a great dignity; she becomes a factor in upholding the honor of her country.

A distinguished superintendent of nurses in a hospital in France paid a high compliment to Canada the other day when she said: "Do you know that when your Government made the Nursing Sisters officers in the C. A. M. C., the status of trained nursing in the civilized world was raised to a higher plane than it had ever occupied before?" Recognizing the advantage of making the Sisters part of the Medical Corps, with the relative rank and pay of Lieutenants, Canada has the distinction of being the first country to pay this tribute of respect to the disciples of Florence Nightingale.

The Canadian Army Nursing Sister has tremendous responsibilities resting on her. She is recognized by the great civilizations of the world as an officer and a lady. In Toronto or Brownsville she was Miss Blank, a good nurse and an attractive girl, whom her fellow-citizens took for granted while she was in their midst. To-day in Europe she is interpreting the ideals of Canadian womanhood to nations for whom our young Dominion was not much more than a name three years ago. That little corner of the world which she has left for the theatre of war regards her as a heroine, so she must be ready to endure hardship and face danger, if need be, with courage and resolution. The brave men of the Empire, whose blood is shed for the cause of Truth and Righteousness without one thought of self, look forward to their reception in hospital when Sister (God bless her) will do all in her power to make them comfortable and happy. Great Britain—Canada—has learned to expect the very best from her. With these rôles to fill, can the standard in

regard to hospital training, military training and moral worth be too high?

"The Wand-bearers are many, mystics few;
Only the favored know the countersign,
And see the source of Vision's soft light shine
As Ardath's beauteous field of flowers they view;
Though hosts the outer courts with treasure strew,
Only the chosen with the gifts divine
Receive a summons to the Inner Shrine,
Whose crystal arch receives the pure and true."

—Read at the Convention of the Canadian Society of Superintendents of Training Schools for Nurses.

Work of Babies' Dispensary Guild, Hamilton, Ont.

(By Helen R. Macdonald, Supervising Nurse)

In the year 1909, realizing the excessive infant mortality in Hamilton, some of the medical men approached the Health Department and later the city council for help to secure a better milk supply. Failing in any material assistance from these quarters, they then appealed to the Board of Directors of the Hamilton branch of Victorian Order of Nurses, with the result that funds were collected for a clean milk campaign during the summer months. A farm, not many miles from the city, was selected and the necessary arrangements made to supply clean milk to babies. The milk was cooled directly after milking and bottled according to a set formula, and sold at much below cost price. A second summer milk was obtained from the Erindale Farm near Toronto, and again was put up in formula. At the end of the second season it was realized that results did not warrant the continuance of this costly method of work, and it was then that the Babies' Dispensary Guild was formed and incorporated. Work began in June, 1911, when the late Miss Helen N. W. Smith took charge, and suitable quarters were procured near the City Hospital. Only those who took an active interest in this new plan at its inception have any idea of the difficulties and discouragements with which Miss Smith so bravely contended. It is due to her inspiration and untiring efforts that the work was finally put on a firm foundation. Continuing her work long after her health was broken, Miss Smith was at length compelled to give up in the spring of 1915, and six months later she died. She had the satisfaction of knowing that the infant mortality in Hamilton had been cut in half after her first year's work, and she realized that interest in baby welfare was established in the community.

The Guild is governed by a board of trustees and a small board of directors, the latter being made up of a President, Secretary and Trea-

surer, with two representatives from the Medical Board and two from the Women's Board. The function of the Women's Board is to assist in any social service work, including meeting expenses of necessary free milk and supplies, providing simple outfits of babies' clothing in needy cases, and sending a helper to weigh the babies at the busier clinics. Apart from private subscriptions the Guild at first received a very small grant from the city. In 1915 the grant was raised to one thousand dollars. Since January, 1916, the city has given a pro-rata grant (three cents a day per baby), but with the growth of the work there was still a balance on the wrong side at the end of the fiscal year, March 1st, 1917.

A list of registered births is obtained each month from the civic records, and every new mother is sent a leaflet descriptive of our work and quarters. Patients under two years of age discharged from the Children's Ward of the City Hospital are referred to us as they leave. Under the auspices of the Baby Welfare Association of Greater Hamilton, a Baby Week was held in June of 1915 and 1916, and preparations are almost completed for a repetition of this event during the last week of this month.

The work is essentially educational and preventive. Mothers are urged to attend the clinic while the babies are well and still nursing in order that the progress of the child may be watched, and the mother may receive proper instructions regarding artificial food when the time comes. A pre-natal clinic has been started from which good results are looked for. When a baby is first admitted to the clinic, a brief history of the case is taken, the baby's weight, temperature, pulse and respiration ascertained and recorded, when the baby is ready to see the doctor. If the child is put on artificial food, the mother leaves the dispensary with written directions and the necessary feeding-bottles and other supplies. The following morning a nurse calls at the home to demonstrate the preparation of the food and investigate the living conditions. Mothers are asked to return to the clinic on the same day of each week so that the baby may always see the same doctor. In most cases the instructions are well carried out, and it is not uncommon to be told by a mother that her neighbor showed her how to prepare the baby's food as the Baby's Dispensary nurse had demonstrated. Simple modifications of cow's milk is the only form of artificial food advocated, with the exception of Meyer & Finkelstein's Albumen Milk, which is made up in the hospital for use in cases of diarrhœa or intestinal indigestion. Babies suffering from any form of illness other than those due to improper feeding are referred either to the family physician or to the Out Patient Department of the City Hospital, as also are all cases requiring more medical attention than can be had at a weekly clinic.

In December, 1913, the house in which were our headquarters was taken over by the Hospital, and as the Guild was thus left homeless, the Hospital authorities allowed us temporary quarters in the Out Patient Department, where we still are. Accommodations are, however, inade-

quate, and we hope some day to have our own building. In addition to four clinics a week at the hospital, the Board of Education has given us a room in three of the public schools, where a weekly clinic is held. By holding clinics in different neighborhoods, the work is greatly facilitated and a better clinic attendance secured.

At the request of the Baby Welfare Association of Greater Hamilton, the Provincial Board of Health is making an investigation of conditions affecting infant mortality. Names of registered births in a given year will be taken, and information obtained from the parents up to the end of the first year of the baby's life. The investigation is being carried out in much the same way as surveys of a similar nature made in Johnstown, Pa., and other American cities. Needless to say, Baby Welfare workers in Hamilton welcome this investigation and watch with interest its progress, hoping to glean much valuable information when a report is published.—*Read at the Convention of the Canadian Society of Superintendents of Training Schools for Nurses.*

June 7th, 1917.

Household Economics in the Training School

(By Mabel L. Parkin, Dietitian, Winnipeg General Hospital)

The study of nutrition in the training school is not new, although its growth and scope have increased very much in the last few years, until now in a large percentage of our hospitals the subject receives as respectful attention as others in the nurses' training course.

The primary function of the Training School is the care of the patient, to watch, to tend and to nurture him in such a way that he shall gain and maintain sufficient strength to overcome disease and to be finally restored to health. A knowledge of any and all means to accomplish this purpose is worthy of the nurse's study. It is surely, then, within her province to know something about such household subjects as sanitation and personal hygiene, to know the value of cleanliness, and such matters pertaining to ventilation as will enable her to keep the atmosphere as clean as the floor or the table or the food. Bacteriology is also necessary in regard not only to pathogenic bacteria, but also in regard to those organisms that may produce putrefactive and fermentative changes in both cooked and uncooked foods. The ideal life is one in which there is no illness. When we have mastered the laws of hygiene, no illness should be possible.

In the meantime, with sickness ever in our midst, we must not lose sight of our ideal, but endeavor by all means to restore suffering humanity to a perfect state of health.

In this struggle, what is the advantage of a knowledge of food chemistry? A sound body is a material thing prosaically nourished by

material substances, which produce just as exact results in its chemical change as any produced by the chemist in his laboratory. To obtain a desired result, the proper substances in their right proportions should enter into the process. For this reason, we who are the chemists must thoroughly understand food, its composition, its preparation and cooking, its chemical changes in the process of digestion and absorption. A professor at Harvard is credited with once having said that "No man could be a gentleman without a study of chemistry," and forthwith all the students studied chemistry, for all wanted to be gentlemen. Would that someone of authority and influence should make such a statement concerning food chemistry in the making of womanliness!

A course of study in food should be of use to the nurse in her present and future work, and should be taken very early after the term of probation to make it thoroughly valuable to her. Not only is it of advantage to her, but economically to the hospital. It also aids the physician, for although the good nurse never exceeds nor departs from his instructions, yet from her knowledge of the chemical and physiological action of the food, and from her more intimate contact with the patient, she will enable the physician to give more definite directions, which will add greatly to the comfort and well-being of the patient. There will of necessity be much theoretical instruction, but this may be made so practical that the knowledge thus obtained is made use of in her daily ward work and thus becomes a part of her. The knowledge which a nurse can use is to her the only real knowledge, the only knowledge which has life and growth in it, and converts itself into practical power. The rest hangs like dust about the brain, incapacitating its true function.

For that reason the instruction given will include the composition of our common food materials, vegetables, eggs, milk, meats, the proper cooking of them to obtain the greatest nourishment, the chemical changes in digesting and absorbing them, and besides, their food value in the body. Then the study of diets will come easily and naturally, and it will not be difficult for the nurse to keep pace with and understand the different changes in diets in their relation to the treatment of disease. For we find that these are constantly changing as science advances, and, unless she is well grounded in the fundamentals of food principles, the nurse may become lost in that which seems to be a contradiction of what she has been taught. There should be maintained a definite standard of instruction and a steady advance in the entire field of nutrition.

Another advantage of a thorough course of study is to enable the nurse to correct the erroneous statements of the uninformed, or the wrong ideas that many people, especially women, get from unauthorized sources, such as some newspaper topics. Again, after graduation in her special work, the nurse is supposed to have an ever-ready fount of information on all live topics, and, with the up-to-date woman of to-day who takes a keen interest in health problems, she exerts no uncertain influence if she can guide or advise or suggest in many matters pertaining

to food, of which the housewife was before ignorant. And on the other hand, she falls in the esteem of the housewife should she confess ignorance of a subject in which she should keep well informed.

The practical work includes the cooking and serving of food. It ought also to include its marketing. It is an advantage of considerable importance to the nurse to have at some time the opportunity to select and buy food. Many may not need it, but many again may fill hospital positions where they may at least be required to pass judgment or give decision concerning the purchase or the quality of food purchased. Trips to the market or to the butcher or the dairy, with a supervisor or one who knows, should be a common excursion.

The practice of cooking should of course be done in a well-equipped diet kitchen. The modern diet kitchen has attained its present degree of efficiency gradually, and we hope for better still. It serves two purposes, furnishing a very important part of the training of the nurses and at the same time materially aiding the hospital and doctors in caring for the needs of the patient. The work should be made progressive, beginning with the simpler things, such as broths, gruels, the preparation and cooking of vegetables, and gradually working to those which require more skill in their preparation, cake, salads, bread. It ought also to arrange classes for individual cooking. In these classes the nurse is taught how to poach an egg, or make an omelet for one, or cream soup for one, as well as those dishes which we generally include under "Invalid Cookery." And these classes furnish a splendid opportunity of giving the nurses the food value of what they are making. After such a group of lessons, a calorie is not an unknown quantity or a dead symbol, but actually represents something to the mind of the nurse; similarly an egg-nog means something to her besides nourishment at 10.30.

Just to what extent the diet kitchen may be used in preparing food for the private patients is debatable. From the hospital and patients' point of view, it may be advisable, but is it for the nurse? How often will she be called upon to cook meat (which is a skilled task) for sixty people? In many hospitals, especially where medical cases are more numerous and demand especial care, the diet kitchen is considered a food laboratory where food prescriptions are written the same as those for the pharmacy; with even the number of calories, the quantity of fat, protein and carbohydrate computed. When such laboratories become more common, the diet kitchen will have outlived the time when it was considered only useful in making tit-bits for private patients.

If cooking is a science, then serving is an art, and in no branch of her work does a nurse show her skill more than in her ability to serve a well-prepared and wholesome tray speedily and daintily. It is not easy to give definite directions in regard to serving, for it involves so much of good taste in so many directions, and depends so largely upon the individual and the circumstances. It does mean a great deal of teaching and constant supervision and, above all, personality. It must not

be forgotten that a badly prepared or unwholesome dish, no matter how beautifully it may be presented, is worthless or perhaps even worse, for it may prove a positive source of evil.

On behalf of the nurses who have not the opportunity of a training thus suggested, let me present a plea. It is needed; it is advantageous; the nurses enjoy the work, probably because, as with their own profession, it is one which arouses their best womanly instincts.

I cannot finish this talk without a suggestion concerning the great need of economy. One of the very fine things that the present world war is bringing to the front is the very real desire of women to coöperate helpfully in every possible way. Everywhere there is a splendid response to the nation's needs, present and imminent, and each woman is asking herself "What can I do to help most?" Many of us have answered this question that for the present we can help best by doing our own work well and so helping towards the world's conservation of energy and resources. In former days one submitted to economy as a sort of punishment to chasten the spirit. This condition no longer exists, and each woman feels that she is helping in the struggle for freedom when something has been saved. This is very true in our private or home life, but much more is it true in public institutions, including the hospital. At present, as never before, the nurse, as well as ourselves, owes it to the hospital, and thereby to the nation, to save by every effort that lies in her power. This means concentrated, systematized effort on the part of the entire staff. The habit of economizing grows under careful supervision, and brings with it its own pleasure and its own reward, inspiring the respect, confidence, and admiration of those who feel its influence. And when this need is presented in such a manner, not only to the entire training school staff, but also to the help, who would fail when on our successful effort may rest the fate of our nation?—*Read at the Convention of the Canadian Society of Superintendents of Training Schools for Nurses.*

The Problem of the Feeble Minded

(By Miss Keyes, Toronto)

The subject of feeble-mindedness has been largely discussed and written about, and is recognized as one of the most serious of social and economic conditions. Its consequences are far-reaching. Indeed, the economic disability, the anti-social propensities, and the rate of propagation of these persons combine to constitute a problem of a magnitude that no civilized country can afford to neglect. The untold sum of misery and unhappiness which this class represents can never be expressed or ever realized. These people, who are scattered throughout the community, increase the cost and reduce the efficiency of our Municipal Government, Departments of Public Health and Educational systems. It is they

who cause the greatest difficulty in the work of education. Our teachers often waste their time trying to teach these children and attempting to do what cannot be done. In this way valuable time and money are lost, without return. This will be the case until the community knows the facts. Many mental defectives cannot be taught, but can only be trained by repetition; no matter what education is offered them, they cannot be brought to a normal standard. At this moment the public schools are trying to rid themselves of such children, (1) because they retard the progress of other children by taking up valuable time; (2) because they are not able to take advantage of instruction given. As long as these sub-normal children remain in our ordinary classes the progress of the normal children is impeded.

Social problems such as poverty, immorality, vice and crime are deeply seated and chronic. Charity has failed in dealing with them. Modern society and business methods cannot handle them. Then what is the cause? We have much poverty, but if mental defectives were cared for, the problem would be smaller. This class often represents individuals or families who for some reason were unable to hold their own in the community. In many cases it has been found that the form of defect has varied from generation to generation, alcoholics in one generation, paupers in the next, possibly insanity or mental defect in the next, etc. We have many unemployable, but almost every feeble-minded person comes in this class and cannot be made even moderately useful without the strictest supervision, and this is seldom given outside of an institution.

The evil of prostitution is widely recognized, but investigation shows that about 60 per cent. of all prostitutes are feeble-minded. That every feeble-minded woman is a potential prostitute will not be disputed by many. The majority of immoral and diseased girls found in institutions are feeble-minded, incapable of reform and self-support, and not desirable or safe members of a community.

In what way is crime related to feeble-mindedness? Twenty-five per cent. of all offenders against the law are feeble-minded, and all mentally defective individuals are potential criminals. At the Psychiatric Clinic in Toronto, of the 1088 cases examined from the Juvenile Court 896 were found to be feeble-minded, and this only touches a fringe of the juvenile offenders.

Who are the feeble-minded? The feeble-minded are divided into three classes:

(1) *Idiots*—These are the lowest in the mental scale. They are usually dirty in their habits; some neither walk nor talk, and exhibit no intelligence whatever. They are easily recognized by everyone as being mentally defective.

(2) *Imbeciles*—These individuals range in mental age from three to seven years. They can do simple manual work under supervision, and can often guard themselves against ordinary physical dangers. It is not

the imbecile in a hospital, it is the imbecile in his family or in a colony that one must know. A school child who does not look at his master, and who neither obeys nor listens; who laughs at authority, who is ugly with his comrade, might be looked upon as such a child.

(3) *Morons*—Under this heading are found the highest grades of the mentally defective, the most numerous and the most dangerous. They require care, supervision and control for their own protection and for the protection of others. They lack the power of inhibition, are good talkers, plausible, do not exhibit shame, remorse or fear. Quite frequently they can write a good letter, have a great amount of superficial knowledge, but in actual school work are retarded. Their judgment and self-control are lacking. Young girls of this class are almost certain to become sexual offenders, and to spread venereal disease, or to give birth to children as degenerate as themselves. Their numerous progeny are likely to become public charges as diseased or neglected children, imbeciles or epileptics.

The problem of feeble-mindedness became so great in Toronto that in April, 1914, a Psychiatric Clinic was developed at Toronto General Hospital in conjuntcion with the Social Service Department under the direct supervision of Dr. C. K. Clarke, Superintendent of that Institution. Associated with him are Dr. C. M. Hincks and Dr. O. C. J. Withrow. This Clinic is held every Thursday afternoon, when all cases are examined. Organizations such as Juvenile Court, Department of Public Health, Medical Inspection of Schools, and other social agencies feed the Clinic. Since its inauguration the Clinic has grown rapidly, and 2103 cases have been examined, of whom 1074 are children under sixteen years of age. The more pronounced cases are placed in institutions when possible, while the higher grades are left at large. Each case is carefully studied in regard to its environment, family history, personal history, social and economic history, school history, in fact everything that has any bearing on it is considered. A social worker visits the home and school and obtains the above data, after which the child attends the Clinic, where thorough mental and physical examinations are made. The registration of the feeble-minded at the Clinic makes possible regular visitation of each defective who needs care. The social worker advises the parent of the absolute necessity of careful supervision and guardianship for the child's immediate welfare, so that it may acquire the proper habits of life. Through the Chief Medical Inspector of Schools, the school principal is informed of the diagnosis in every child under sixteen years of age, and in this way a teacher knows the children who present peculiar difficulties.

Environment plays a great part in the development of man, but two-thirds of these children come from homes where dirty and poorly ventilated rooms predominate. Their vision is bounded by bare walls, filth and grime, and their minds are seared by suggestions of evil. How can these conditions result in anything else but the creation of boys and girls who have an innate tendency to vice and immorality?

Bad heredity, it has been found, is the chief causative factor. In the majority of cases examined, histories show that the child has one or both parents degenerate, immoral, intemperate or defective.

Immigration is another factor in determining the number of feeble-minded in our midst. Of the total number of cases before mentioned, 1074 were of foreign birth, or approximately 49 per cent. This goes to show that we are getting quantity, not quality.

Let me cite to you a few of our cases:

Case A—Reports came (1) from the Department of Public Health that Mrs. A was never seen on the streets, and she would not allow a nurse in the house; (2) from the truant officer, that the four children were away from school on an average of three days a week; (3) from the Children's Aid Society that these children were neglected. After four visits to the home an admittance was finally gained. It was an unfinished shack of four rooms, two of which were furnished. The furniture consisted of a table, two chairs, which, when a board was placed from one to the other, was used as a seating accommodation; a stove, one cot, and two mattresses on the floor. The rooms were dirty and littered with clothes and papers. Mrs. A was sitting on a chair, partly dressed, and talking to herself. The children were on the mattresses, and in a most neglected condition. After spending one hour in the home the following history was obtained: The mother—evidently insane—had not been on the street for a year, as she was afraid her neighbors would poison her. This was her reason for not sending her children to school more regularly. The father was of unstable type, and unemployed the greater part of the year. The children, ranging in age from fourteen to six years, were ill-nourished and uncared for. Although the fourteen-year-old girl had been attending school for eight years, she was still in the first book. The twelve-year-old boy had appeared in Juvenile Court on two occasions and could neither read nor write. The nine-year-old child was in the first book, and the six-year-old in the kindergarten. The whole situation was a very sad one. After many attempts to have this woman examined mentally, it was only by taking the case into Juvenile Court that this was accomplished. The mother was sent to the Hospital for the Insane, while the children were placed for the time being under the care of the Children's Aid Society; owing to their mental condition they could not be made wards. An effort is now being put forth to locate an aunt who will look after these unfortunate children, but how much better if they could be placed in a suitable institution, rather than to be at large to fall a prey to some misfortune?

Case B—Mrs. D is an Irish woman of fifty-eight years, who has had seventeen children, twelve of whom had the misfortune to live. The home, if such it can be called, consists of four rooms in a narrow street of the down-town section. The windows are now boarded up. The interior was untidy and dirty, and the furniture scant. It is a common occurrence for this family to sit on the floor for their meals owing to

lack of table and chairs. The mother is distinctly feeble-minded, and is unable to read or write. Father has never earned more than ten dollars per week. Of the children, one daughter has given birth to four illegitimate children; five have appeared in the Juvenile Court for theft, four are habitual truants, and the majority have been diagnosed as feeble-minded. An effort is now being made to break up this family, but we expect to receive the old reply, "It is too bad, but we can't do anything because they are feeble-minded."

A great difficulty now presenting itself is the number of children under six years of age who require institutional care. This is impossible, as there is not an institution in Ontario where a feeble-minded child under six years of age can be placed. To illustrate how dangerous some of these children are, the case may be given of a lad five years of age. He was one of two children following an illegal marriage. The father was an alcoholic, and, when this child was one year of age, was arrested as a bigamist. The mother, of weak type, has since married an alcoholic, who gives her very little support. Although but five years of age, this child delights in hurting his baby step-sister by sticking pins in her and burning her with a hot poker. He has killed eight small rabits, choked a cat by tying a string around its neck, and on two occasions has set fire to the curtains in the house. Because he has not lived six years he must remain at home and endanger other lives.

These are just three of the many with which we have come in contact.

You may say, "Oh, we have none of these people." Go to your slum districts, to the schools in your cities, to the jails, police stations, juvenile courts, and you will see enough to demonstrate the fact that this disorder comes from a class who are misfits in society.

Each of us should endeavor to teach the people with whom we come in contact the danger of marrying into families where there is a history of feeble-mindedness, epilepsy or any neuropathic taint. To-day we have a law prohibiting the marriage of insane persons and idiots, but this does not touch our most dangerous class—the moron.

To segregate the feeble-minded is to cut off one of the most prolific sources of crime, degeneracy and pauperism. What is gained by punishing this class for a few months or years, and then turning them out to demoralize society and bring children into the world only to fill our institutions with epileptics, insane and imbecile patients? Would it not be an economy to segregate them all their lives and so lessen the expense of having them repeatedly admitted to our industrial schools, reformatories and penitentiaries? Would it not be better if our murderers, who are often of this class, had been admitted to an institution for feeble-minded early in their lives, rather than die on the scaffold after killing people who were useful citizens?

All social workers will agree, I am sure, in strongly emphasizing the frequency and importance of mental defect as a factor in the causation of all social problems, and the burden will never be diminished except

through education and the doing of social service work. There is every probability that with war stripping the country of the flower of our nation, and this class producing its own kind, we shall have a much higher percentage of feeble-mindedness unless we who are here to-day, instead of saying: "Isn't it frightful," and "Why isn't something done?" do something ourselves by educating the public and assist in solving the problem by getting training schools where this unfortunate class can be made happy and productive.—*Read at the Convention of the Canadian Society of Superintendents of Training Schools for Nurses.*

Address of Welcome

(By Miss Nora Livingstone, Lady Superintendent Montreal General Hospital)

Madam President and Ladies:

Allow me to extend to you a very hearty greeting, not only on my own behalf, but on behalf of the Hospital and city which I represent.

On September 12th, 1907, this Society held its first meeting in the Governors' Hall of the Montreal General Hospital, so that this is the second occasion upon which I have had the honor of welcoming the Society to Montreal, an honor which I greatly appreciate.

In 1907 we were a very small infant—in fact, quite an incubator baby—and I think that the members of the Society, past and present, must realize how much of its success they owe to Miss Sniveley, late Lady Superintendent of the Toronto General Hospital, who suggested its formation, and who furnished the impulse and enthusiasm which brought it into being.

Apart from greeting you, I should like to take this occasion to draw your attention to the criticism not infrequently heard, and heard from widely different sources, namely, the lack of the humanitarian spirit displayed by the nursing profession of to-day—a severe criticism, and one which, I fear, is not altogether unjust. This criticism does not come from the reactionaries in the ranks of the medical profession, that is, from men who hold that the graduate nurse knows too much, assumes too much by way of position and privilege, but from the sincere well-wishers of our beloved profession, who, while paying full tribute to our nurses' technical skill, regret that they do not give more practical expression to our high ideals and educational standards in meeting the crying needs of humanity.

I feel there is truth in this criticism, a truth which the nursing profession, in the interests of its survival and development, must recognize and meet. It may be that my point of view is that of an older generation, or that I suffer from the halo which is said to surround the thing which has been; be that as it may. Certainly I speak in all sincerity

when I voice my conviction that we are losing something out of the heart of nursing; something that we cannot afford to lose; something that made the work of the pioneer nurses of the profession more beautiful—a something greatly to be desired.

I fear that much of this criticism is due to the spirit of commercialism which has invaded modern life and prevailed over much in the nursing profession. The fixed fee, the refusal of case after case because the patient cannot reach a certain price, or the environment is not pleasing, and the hundred-and-one things which have crept into modern nursing —all so foreign to the spirit of our Patron Saint. I sometimes wonder what Miss Nightingale would think could she return to earth and see and hear some of the things which are done in the name of nursing. She would hear much of publicity methods, educational standards and ideals, but, when it comes to the standards of service, she would certainly be mystified, and I think truly grieved. It is easy to eulogize her, to raise tablets to commemorate her memory; but it is another story to carry her spirit into the homes of all classes. Her name will not die; but there is grave danger that her spirit will cease to be the spirit which actuates the nurses of the future; and, as a body of sincere and devoted women, it is our task to cherish and keep alive that spirit which the world needs as sorely to-day as it did a half century ago.

In conclusion, may I express the hope that our deliberation may be inspiring and helpful, and that each one of us may carry away pleasant and uplifting memories of the few days that we have been privileged to spend together—so I wish you Godspeed to the next milestone, and beyond.

"KEEP ON KEEPIN' ON!"

"If the day looks kinder gloomy,
And yer chances kinder slim,
If the situation's puzzlin'
An' the preospcts awful grim,
An' perplexities keep pressin'
Till all hope is nearly gone,
Just bristle up an' grit yer teeth,
An' keep on keepin' on."

"There ain't no use in growlin'
An' grumbling all the time,
When music's ringing everywhere,
An' everything's in rhyme,
Just keep on smiling cheerfully,
If hope is nearly gone,
Just bristle up an' grit yer teeth,
An' keep on keepin' on."

MINUTES

OF

The Canadian Society of Superintendents of Training Schools

Held at the Windsor Hotel, Montreal
June 12th and 13th, 1917

OFFICERS: 1916-1917

President.....Miss Helen Randal
East Burnaby, B. C.

First Vice-President.....Miss N. Gilmore
Edmonton, Alberta (Deceased during year)

Second Vice-President.....Miss Z. Young
Montreal, Que.

Secretary.....Miss E. Flaws
Toronto, Ont.

Treasurer.....Miss Mabel Hersey
Montreal, Que.

COUNCILLORS

Miss J. Gunn.....Toronto
Miss M. Gray.....Winnipeg, Man.
Miss Catton.....Ottawa
Miss L. Phillips.....Montreal
Miss Matheson.....Toronto
Mrs. Bowman.....Halifax, N. S.

TENTH ANNUAL CONVENTION

—OF THE—

CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS

June 12th and 13th, 1917.

The Tenth Annual Meeting of the Canadian Superintendents' Association of Training Schools for Nurses was held in Montreal, at the Windsor Hotel, on Tuesday, June 12th, 1917, at 10 a. m. The meeting was called to order by Miss Randal, the President. Miss Randal expressed her deep regret and sympathy for the Secretary, Miss Flaws, who was unable to be present owing to the illness of her mother.

Moved by Miss Phillips, seconded by Miss Gunn, that an expression of sympathy be extended Miss Flaws from the Association. Carried. unanimously. This was followed by the President's address.

President's Address

"I feel like the War President of this Society, as the war has been going on ever since I have been in this position. The war work has taken up most of the time of the Superintendents, and all have experienced a trying time with the shortage of a regular nursing staff, so many having heard the call and gone overseas. For those left behind there will be no public recognition, such as the Royal Red Cross. Very few realize that it is often those left behind to nurse and carry on our own home duties who are as truly patriotic, though not taking active part in the honors of war. The nurses overseas have, without exception, all done splendid work. Among those receiving special recognition is Mrs. Henderson, graduate of the Montreal General Hospital, who has received the "Order of Lady of St. John of Jerusalem" as a mark of appreciation of her work. Many have received the Royal Red Cross, and many more, as in the case of all doing their work overseas, deserved it.

Women everywhere are becoming more and more recognized as leaders in the important spheres of our national life, and it is with great pleasure we notice the interest taken by the National Council of Women at their meeting at Winnipeg in the nursing profession. It behooves us all to keep pace with the times in all the leading matters, in as well as out, of our own particular branch of service, or we will soon find ourselves left far behind.

The pressing need is for standardization of training schools. The nurse must be trained to go anywhere and be able to take up any branch of the nursing work, and this would be more satisfactorily carried out by affiliation. A committee has been formed to discuss the Standard Curriculum."

As the minutes of the last meeting had been published in the *Canadian Nurse,* it was moved by Miss Madden, seconded by Miss Kinder, that the minutes of the last Annual Meeting be accepted as read. Carried.

In the absence of Miss Flaws, the Secretary, the minutes of the Council Meetings and the report of the Secretary were read by Miss Matheson, and adopted.

The Secretary's report showed an addition of 34 new members accepted into the Association as a result of the work of the Memebrship Committee. A suggestion was made as to the advisability of establishing a Bureau of Information in connection with our Superintendents of Training Schools, where items of information may be obtained without applying to various schools in order to obtain such. Another suggestion was a special Round Table for the benefit of small hospitals.

The Secretary referred with regret to the great loss which our profession and society has sustained by the death of Miss Nellie Gilmour, who was so very dear to us all, and one whose place it will be very difficult to fill. The Association has lost a very staunch friend, and one whom we individually, and as a society, mourn.

Moved by Miss Stanley, seconded by Miss Catton, that the Roll Call be postponed until later in the day, when more members would be present. Carried.

The Treasurer's report was read by Miss Hersey.

The report of the Committee on Standardization of Training Schools was read by the Convener, Miss Johns.

The report of the Committee on the revision of the Constitution and By-laws was read by Miss Dixon, the Convener.

It was moved by Miss Gunn, seconded by Miss Phillips, that the reports be adopted.

A discussion followed re time of Annual Meeting. Miss Dyke discussed it from the standpoint of the Public Health Nurse, and Miss Gunn from the standpoint of the Superintendent of Training Schools.

It was moved by Miss Madden, seconded by Miss Johns, that the President of the Canadian National Association be a member *ex officio* of the Canadian Superintendents' Association. Carried.

Miss Stanley moved, seconded by Miss Catton, that the discussion on Miss Johns' report on the standardization of training schools be left over for a later session, as Miss Johns' report was too important to be discussed until the members of the Association had time to think over its many important points. Carried.

A discussion on the Constitution and By-laws followed, which was taken up clause by clause. After considerable discussion and suggestions as to a new name for the Association, it was moved by Miss Gunn, seconded by Miss Hersey, that the Association be called "The Canadian Association of Nursing Education." Carried.

Article 2 of the By-laws re fees brought forth considerable discussion. It was finally moved by Miss Madden, seconded by Miss Gunn, that the annual fee for active members shall be three dollars. Carried.

Section 4, Article 2, on elections, was also discussed. It was moved by Miss Gunn, seconded by Miss Snell, that Article 4 on Elections be referred back to the Committee on the Revision of Constitution and By-laws, to bring in a report for discussion at a later session. Carried.

Article 7, Section 2, Quorum. Moved by Miss Stanley, seconded by Miss Hersey, that three members of the Board of Directors shall constitute a quorum. Carried.

The meeting then adjourned. The members were entertained at luncheon by the Board of the Montreal Western Hospital.

Joint Meeting of Superintendents of Training Schools and Canadian National Association

A joint meeting of the Superintendents of Training Schools for Nurses and the Canadian National Association was held in the Windsor Hotel, Montreal, on June 12th, 1917, at 2 p. m., presided over by Miss Phillips, President of the Montreal Association, Montreal. Rev. Arthur French gave the Invocation.

Addresses were given by Miss Livingstone, Superintendent of Montreal General Hospital; Dr. Martin, Professor of Medicine, McGill University, Montreal; and Major the Rev. J. Williams, who all extended a cordial welcome to both associations.

Miss Gunn, of Toronto General Hospital, responded in a very fitting manner to the Addresses of Welcome.

A paper was read by Miss DesBrisay, prepared by Miss Woodbury, on "A Summer at St. Anthony's, Labrador."

The meeting then adjourned. The members were given a trip by motor to the Children's Memorial Hospital and entertained at tea.

The evening session opened at 8 p. m., the President in the chair.

A very interesting and instructive paper was read by Col. A. McKenzie Forbes, entitled "A Tale of a Casualty Clearing Station." This paper was followed by a paper prepared by Miss Jean Cameron Smith, C.A.M.C., and read by Miss Goodhue, on the Preparation of Nurses for Military Work. A paper on the work done in Montreal in connection with the Patriotic Fund was read by Miss Shaw. This was followed by a paper on the Teaching of Nurses in Household Economics, written by Mabel L. Parkin, dietitian of Winnipeg General Hospital. The meeting then adjourned.

June 13th, 10 a. m.—The meeting was called to order by the President. General business was taken up.

The chair appointed Miss Gunn and Miss Stanley as Conveners of a joint Committee with the Canadian National Association on resolutions.

Miss Dickson, the Convener of the Committee on the Revision of Constitution and By-laws, read her report as follows:

Article 2, Section 4, Elections.

The President and Secretary of the Association shall hold office for two years, the remaining Officers and the Directors until the adjournment of the General Meeting following that of the elections. This was carried unanimously.

It was moved by Miss Gunn, seconded by Miss Catton, that the new Constitution and By-laws be adopted at this general meeting, to be in effect at once, and that all members of the Association be furnished with copies of the new Constitution. Carried.

A discussion on Miss Johns' report re the Standardization of Training Schools followed. Misses Stanley, Fairley, Gunn, Madden, and Catton took part in the discussion.

The formal session adjourned.

The remainder of the morning was given over to the Round Table. All members showed their interest by discussing the various questions freely. As the time was too limited to discuss many of the questions, the President announced that the Round Table would be taken up at the close of the session, Friday afternoon, at the Royal Victoria Hospital. The President urged the members of small hospitals to send in their questions. As the session was a very informal one, she hoped that all the members present would feel perfectly free to take part in the discussion.

Adjournment followed.

The members took the train to St. Ann De Bellevue, and were guests of McDonald College for luncheon.

Afternoon Session

The afternoon session opened at 2 p. m. in the Assembly Hall of McDonald College, the President in the chair. A cordial welcome was extended to the Association by Miss Fisher, Dean of Household Science, McDonald College.

The next in order was elections.

The chair appointed Miss Madden and Miss Catton as scrutineers.

Miss Fairley announced that Lord Shaughnessy had returned all the money paid by the Association for railway tickets to St. Ann, and suggested that the money refunded for railway tickets be paid to the *Canadian Nurse* for office equipment.

Miss Crandall gave a most interesting address on "How are Schools of Nursing obligated to prepare students for Public Health Service?"

The Scrutineers brought in their report.

OFFICERS FOR 1917-1918:

President, Miss Randal, Vancouver, B. C.; First Vice-President, Miss Phillips, Montreal, Que.; Second Vice-President, Miss Johns, Winnipeg; Secretary, Miss Flaws, Toronto; Treasurer, Miss Hersey, Montreal; Councillors: Miss Gunn, Toronto; Miss Smith, Calgary; Miss Rattalack, St. John, N. B.; Auditors: Miss Catton, Miss Ellis.

Following the elections, Miss Keyes, of Toronto, read a paper on "The Feeble-minded and their Care."

Miss Gunn brought in a resolution of thanks to the President of McDonald College, Miss Fisher and Miss Stewart, for their hospitality in entertaining the Association to luncheon and the use of the Assembly Hall; to Miss Fisher for her address of welcome, and Lord Shaughnessy for his generous gift to the Association. The meeting then adjourned.

Motors were awaiting at the Assembly Hall to take the members to the home of Mr. Angus, President of the Board of the Alexandra Hospital, where the Association was entertained at tea.

As there was no evening session, the members were entertained at supper in the Oak Room of the Windsor Hotel by the Municipal Chapter of the Daughters of the Empire. Mrs. Hodgson, the hostess, made a delightful speech, welcoming the Association to Montreal and showing her appreciation and interest in the work of the Association.

The closing session of the Association was held in the Medical Theatre of the Royal Victoria Hospital, Montreal, Friday, June 15th, at 2 p. m., the President presiding.

A letter from Miss Southcote, of Newfoundland, was read, expressing her regret at not being able to be present and wishing the Association every success.

Lantern slides showing the Training School Records used in Toronto General Hospital were thoroughly explained by Miss Gunn, which was very much appreciated by all present. This was followed by a paper on "The Work with Baby Clinic" by Miss Forsythe, of Toronto.

The President regretted that, owing to lack of time, Miss McDonald's paper on "Milk Station Work" would not be read, but would be published in the *Canadian Nurse*, where all would have an opportunity to read it.

Miss Stanley moved a resolution of thanks to the retiring Officers of both Asscociations, the Councillors, Conveners of Committees, and all who helped to make the convention a success.

Miss Gunn moved a resolution of thanks to the Board of the Western Hospital; Board of Children's Hospital; McDonald College; Mr. Angus; Royal Edward Institute; Mr. Hooper, of Montreal General Hospital; the Municipal Chapter of the Daughters of the Empire; Dr. Reddy, of the Woman's Hospital; Lord Shaughnessy, and the Royal Victoria Hospital, for their hospitality and entertainment. This brought the general meeting to a close. Round Table followed.

The meeting for 1917 was closed by singing the National Anthem, after which tea was served and the members shown through the Royal Victoria Hospital.

COUNCIL OF C. T. S. FOR NURSES

A meeting of the Council of the Canadian Superintendents of Training Schools for Nurses was held at the Windsor Hotel, Montreal, on Monday, June 11th, at 8 p. m. The meeting was called to order by the President. Members present: Misses Randal, Gunn, Phillips, Hersey, Mathieson and Fairley. In the absence of the Secretary, Miss Flaws, Miss Mathieson was appointed to act as Secretary pro tem.

The report of the Secretary was read, also the minutes of the meetings of the Council and reports of special meetings of the Toronto members of Council were read and adopted.

Thirty-four applications for membership were read. Moved by Miss Phillips, seconded by Miss Gunn, that the new applicants be accepted and become members of the Association. Carried.

Moved by Miss Randal, seconded by Miss Hersey, that Miss Fairley be appointed to cast the vote for the Association at the meeting of the Canadian National Association. Carried.

The meeting then adjourned.

COUNCIL OF CANADIAN ASSOCIATION OF NURSING EDUCATION

A meeting of the Council of the Canadian Association of Nursing Education met at the Royal Victoria Hospital, Montreal, Friday, June 15th, 1917. Members present: Misses Randal, Gunn, Hersey and Mathieson.

Standing Committees were appointed as follows:

Membership Committee—Moved by Miss Gunn, seconded by Miss Hersey, that the same committee with the same convener, who have done so much admirable work in 1916, be re-appointed, with power to fill vacancies. Carried.

Committee on Standardization of Training Schools—Moved by Miss Gunn, seconded by Miss Hersey, that Miss Dickson, of Toronto, be appointed as Convener, with power to choose her own committee. Carried.

Nominating Committee—Moved by Miss Gunn, seconded by Miss Hersey, that Miss Craig, of the Western Hospital, Montreal, be appointed Convener, with power to choose her own committee. Carried.

Programme Committee—Moved by Miss Hersey, seconded by Miss Gunn, that Miss Mathieson be appointed Convener of the Programme Committee, with power to choose her own committee. Carried.

Moved by Miss Gunn, seconded by Miss Mathieson, that each member of the Superintendents' Association bring up the question with their Alumnæ Association, and with their Board of Managers, of how to provide nursing care for tuberculosis patients in neighboring hospitals and sanitoriums, and what arrangements can be made to use their training schools in doing so. Carried.

Moved by Miss Gunn, seconded by Miss Hersey, that the report of the Canadian Association of Nursing Education be published in the *Canadian Nurse*. Carried.

Moved by Miss Gunn, seconded by Miss Hersey, that the Committee on Revision of Constitution and By-laws prepare copies of the new Constitution and By-laws, and send them to the different members of the Association, and that the printing of the Constitution and By-laws be referred to the President. Carried.

Moved by Miss Hersey, seconded by Miss Gunn, that the President's travelling expenses be paid. Carried.

The meeting then adjourned.

COMMITTEE REPORTS

Madam President, the Canadian Society of Superintendents of Traing Schools for Nurses:

The minutes of the last meeting have been published in the *Canadian Nurse,* which I trust you have all read. I will, therefore, very briefly report what has occurred since that time.

The Council has had two executive meetings and three meetings of the members who reside in Toronto.

The business transacted at the meeting following the annual meeting in Winnipeg was the appointing of committees, appropriating money for expenses, and other necessary business taken care of. The meetings of the Toronto members were to fill vacancies that had occurred during the year.

At the meeting of the Council preceding this annual meeting, we had the pleasure of admitting the following members into the Association:

Grace M. Murray, Victoria Hospital, Frederickton, N.B.; Nellie Waddington, Superintendent Vernon Jubilee Hospital; Jane Campbell, Superintendent Lachine General Hospital; Emily Eisle, Waterloo Hospital, Kitchener; Anne Forgie, Guelph General Hospital; Alma R. Thompson, Superintendent Cornwall General Hospital; Claudia M. Boskill, Kingston General Hospital; Ethel B. Macnutt, Dr. Lockhart's Hospital, Charlottetown, P.E.I.; Jean Giffen, Superintendent Children's Memorial Hospital, Montreal; Lottie E. Corbett, Superintendent Moncton Hospital, Moncton, N.B.; Mary A. S. Watson, Superintendent Yarmouth Hospital; Martha Kirkpatrick, Superintendent Private Hospital, Truro, N.S.; Miss Graham, General Hospital, Sydney; Miss

Sampson, Superintendent of Hospital for Insane, Dartmouth, N.S.; Miss J. Sheraton, Aberdeen Hospital, New Glasgow, N.S.; Mrs. Y. Milne, Superintendent Welland Co. General Hospital, Welland; M. A. Walsh, Cobourg Hospital, Cobourg; May P. Turner, Prince Edward Island Hospital, Charlottetown; Phyllis M. Gordon, Sherbrooke Hospital, Sherbrooke, Que.; Sister M. A. Duckett, Superintendent Holy Cross Hospital, Calgary, Alta.; Sister C. Tougas, Superintendent of Nurses, Holy Cross Hospital, Calgary, Alta.; Sister H. Fafard, Superintendent General Hospital, Edmonton, Alta.; Sister Christine, nee Victoria Pepin, Superintendent Misericordia Hospital, Edmonton, Alta.; Sister St. Josaphat, Superintendent of Nurses, Ottawa General Hospital, Ottawa; Lottie M. Edy, Assistant Lady Superintendent Calgary General Hospital; Jessie K. Purves, Superintendent General Hospital, Portage la Prairie, Man.; Etta N. Lane, Fisher Memorial Hospital, Woodstock, N.B.; Helen G. B. Locke, General Hospital, Toronto; Mary E. Stuart, Amasa Wood Hospital, St. Thomas; Miss Mary A. Snell, Montreal Maternity Hospital, Montreal, Que.; Miss Pollard, Homeopathic Hospital, Montreal; Miss Mabel Richards, Superintendent of Minamachie Hospital, Newcastle, N.B.; Miss M. Murray, Superintendent Victoria Public Hospital, Frederickton, N.B.; Miss Whyte, Superintendent of Moncton Hospital, Moncton, N.B.

This is the result of the work of the Membership Committee. The report of the Committee will give the work in detail.

Miss Johns, as convener of the Standardizing of the Curriculum of Training Schools, has done an immense amount of work, as her report will show. Between these two committees the Society has introduced itself to many nurses, and if they will now assist us in following up the acquaintance, I am sure we will be mutually benefited.

The Committee on the Revision of Constitution and By-laws will bring in a recommendation in their report which will help to further the "getting together" by forming Chapters in certain districts. There has been a long-felt need of wanting to talk things over, which is quite impossible when we only meet once a year. I think in this way we will be able to greatly extend our usefulness.

As a further suggestion, may I be permitted to quote from Miss Riddell's address to the American Society of Superintendents, 1911:

"We believe we should devise some way of being of actual use. We believe it should be a moral support as well as a real, visible, practical help that we offer.

"Possibly it could be done through a committee—a 'Committee on Work.' It might be a great help to the young or the overburdened or inexperienced member to know there is someone to whom she can apply for guidance. We know those who are too busy to even frame a curriculum. This committee could gather information as to material for such a curriculum as that particular school needs and advise regarding it. Possibly it is courage or encouragement the member needs—then let

that be given. Above all things, let the committee itself be not too wise for the ordinary every-day worker to approach comfortably. Let the committee forget its hospital airs and remember it is not starting the young probationer who must be kept in line, and at the foot of the line, too, but let it invite confidences and distribute assistance.

"Countless ways of help might be mentioned, but suffice it to say that, doubtless, opportunities at present unheard and unthought of would arise.

"If it is right that the newer or younger superintendent of the smaller or the larger school should add to or take from her curriculum and seeks our help—let us unite our intelligence with her's and help her solve her problem."

My reason for quoting this is that one of the questions which came in for the Round Table was "The advisability of establishing a Bureau of Information in connection with our Superintendents of Training Schools, whereby items of information may be obtained without corresponding with various schools in order to obtain such." Another suggestion that came in a letter was, "Do you suppose we could have a special Round Table for the benefit of small hospitals? I am afraid the presence of the superintendents of larger hospitals is inclined to prevent the superintendents from smaller hospitals speaking their mind."

I would like to make a strong plea that every member become an active member in the literal sense of the word; as each year of my life passes, my conviction becomes stronger of the need of organization to bind the nurses together, and for this purpose our Society should have a very potent influence for the good of the profession.

It is with deep regret that I take this opportunity of referring to the great loss which our profession and our Society has sustained by the death of our First Vice-President, Miss Nellie Gilmour. To you in Montreal she particularly belonged, and was known for her superior mental qualities and loved for her works, but her works were not confined only to this city, but were carried on in Labrador, Newfoundland, and Edmonton, Alberta, as well as in cities of the United States. In each position her achievements were great, but she was one of those very busy people, and still with a heart at leisure from itself to soothe and sympathize. It is scarcely necessary for me to say that the profession as a whole, and this Association, has lost a very staunch friend—one whose place it will be difficult to fill—and we individually and as a Society mourn her.

Respectfully submitted,

G. G. FLAWS, Secretary.

REPORT OF MEMBERSHIP COMMITTEE

After the meeting in Winnipeg in June, 1916, letters were sent out to the members of the committee in each Province to see what thy could

do to obtain new members. The following names came up as applicants for membership: Miss Grace M. Murray, Superintendent Victoria Hospital, Fredericton, N. B.; Miss Nellie Waddington, Superintendent Jubilee Hospital, Vernon, B. C.; Miss Jane Campbell, Superintendent Lachine Hospital; Miss Emily Eisle, Waterloo Hospital, Kitchener, Ont.; Miss Anne Forgie, Guelph, General Hospital, Ontario; Miss Alma R. Thompson, Superintendent Cornwall General Hospital, Ontario; Miss Claudia M. Boskill, Kingston General Hospital, Ontario; Miss Ethel McNutt, Dr. Lockhart's Hospital, Charlottetown, P. E. I.; Miss Jean Giffen, Superintendent Children's Memorial Hospital, Montreal; Miss Lottie E. Corbett, Superintendent Moncton Hospital, Moncton, N. B.; Miss Mary A. S. Watson, Superintendent Yarmouth Hospital, Nova Scotia; Miss M. Kirkpatrick, Private Hospital, Truro, N. S.; Miss Graham, General Hospital, Sydney, N. S.; Miss Sampson, Superintendent Hospital for Insane, Dartmouth, N. S.; Miss J. Sheraton, Aberdeen Hospital, New Glasgow, N. S.; Mrs. Y. Milne, Superintendent Welland County General Hospital, Welland; Miss M. A. Walsh, Cobourg Hospital, Cobourg, Ont.; Miss May P. Turner, Prince Edward Hospital, Charlottetown, P. E. I.; Mrs. Phyllis M. Gordon, Sherbrooke Hospital, Sherbrooke; Sister M. Duckett, Superintendent Holy Cross Hospital, Calgary; Sister C. Tougas, Superintendent of Nurses, Holy Cross Hospital, Calgary; Sister H. Fafard, Superintendent General Hospital, Edmonton; Sister Christine (nee Victoria) Pepin, Superintendent Misericordia Hospital, Edmonton; Sister St. Josephat, Superintendent of Nurses, Ottawa General Hospital; Miss Lottie M. Edy, Assistant Lady Superintendent Calgary General Hospital, Calgary; Miss Jessie M. Purves, Superintendent General Hospital, Portage la Prairie, Man.; Miss Etta N. Lane, Fisher Memorial Hospital, Woodstock, N. B.; Miss Helen G. B. Locke, General Hospital, Toronto; Miss Mary E. Stoart, Amasa Wood Hospital, St. Thomas, Ont.; Miss Mary A. Snell, Montreal Maternity Hospital; Miss Pollard, Homeopathic Hospital, Montreal; Miss Mabel Richards, Superintendent Miramachie Hospital, Newcastle, N. B.; Miss M. Murray, Superintendent Victoria Public Hospital, Fredericton, N. B.; Miss Whyte, Superintendent Moncton Hospital, Moncton, N. B.

Respectfully submitted,

HELEN RANDAL, Convener.

REPORT OF NOMINATING COMMITTEE

The Nominating Committee of the Canadian Superintendents' Society beg to submit the following report, and also ta state that it has been very difficult to secure the consent of members to allow their names to stand for office. Only those names with a star have as yet consented, and if others can be found to stand for these offices they will be glad to have other nominations. The others suggested will, I trust, accept this nomination and allow their names to stand, if at all pos-

sible; if quite impossible, may I suggest that they communicate directly with the Secretary, Miss Flaws, Wellesley Hospital, Toronto, before the 12th of June:

President, *Miss Randal, Vancouver; First Vice-President, Miss Phillips, Montreal; Second Vice-President, *Miss Johns, Winnipeg; Secretary, Miss Flaws, Toronto; Treasurer, Miss Hersey, Montreal; Councillors (three to be elected), Miss Gunn, Toronto; Miss Smith, Calgary; Miss Retallack, St. John, N.B.; Miss Watson, Yarmouth, N.S.; Auditors, Miss Catton, Ottawa; Miss Ellis, Toronto.

Respectfully submitted,

(MRS.) H. M. BOWMAN, Toronto.
(MISS) V. I. WINSLOW, Medicine Hat.
MABEL F. GRAY (Convener)-Winnipeg.

REPORT ON STANDARDIZATION OF TRAINING SCHOOLS

Madam President and Members of the Canadian Society of Superintendents:

I have the honor to submit herewith the report of your committee on the standardization of Training Schools. Being empowered to choose my own associates, I requested the following ladies to serve: Miss Gunn, Toronto; Miss Flaws, Toronto; Miss Hersey, Montreal; Miss Snyder, Vancouver; Miss Smith, Calgary; Mrs. D. A. Stewart, Minette, Man.

I wish at this point to offer my grateful thanks for the kind co-operation and ungrudging assistance afforded me by this committee, and to acknowledge that any value this report may possess is attributable solely to their efforts.

If at any point they should disagree with my findings, I hope that they will promptly correct me. This committee has unfortunately been unable to come into personal contact with one another, and it has been my task to interpret the result of our enquiry as best I could.

I will ask at the outset, therefore, that you will blame me for the errors of judgment and infelicities of expression, which will be only too apparent as the report proceeds.

It is unnecessary for me to emphasize to this audience the need which exists for the standardization of training schools. It is brought home to us every day of our working lives. The problem grows more acute as time goes on, for every year sees an increase in the number of small hospitals, and every year makes the economic struggle for existence on the part of these hospitals more acute. One cannot blame them for being tempted to maintain training schools when they are hardly prepared to offer proper teaching facilities. The hospital is needed, sick people must be nursed, finances are at a low ebb, pupil nurses form a cheap and fairly efficient working force; it all leads to one easy solution, does it not? Start a training school. Anyone may *start* one; all that is necessary is to gather some sick people under a roof and call it a hospital.

No tiresome inspection of your educational methods is required. There are no impossible standards to which you must conform. There are no standards at all. You need not even put a graduate nurse in charge unless you wish. You just start a training school, and Providence and the patients do the rest.

That this state of affairs can exist in a country so advanced as Canada in educational matters is a crying shame. I will go farther and say that it is a disgrace to the nursing profession that we have made so little concerted effort to remedy it, for we could work out our own salvation if we would.

Let us see just what is involved when we speak of standardization of training schools. Possibly the following summary will form a rough sketch of what is in the minds of some of us:

(1) A required daily average of patients, not too high and not too low.

(2) A diversity of service sufficient to give experience in the main branches of nursing, or, failing this, suitable affiliation with other institutions.

(3) A proper and adequate provision for the pupils in the matter of food and lodging.

(4) A trained teaching personnel and a supply of teaching material.

(5) Such regulation of hours of duty as to allow time for theoretical work.

(6) A standard curriculum.

(7) A standardized system of training school records.

(8) Standardized admission requirements.

(9) Training Schools inspection by a competent nurse inspector under provincial auspices.

Can it truly be said that any, or even all, these standards are impossible of attainment?

I submit that they are not, and I base my opinion on the replies to the questionnaire sent out to superintendents in various parts of Canada by your committee. The result of that questionnaire will now be submitted to you.

The questions asked were as follows:

1. What do you consider the minimum daily average number of patients necessary to supply practice work for pupil nurses?

2. Have you any suggestion for the management of class work, when each class has a very small membership?

3. Would you be interested in experimenting with a curriculum especially framed to meet the needs of small hospitals, so as to gain a degree of uniformity?

4. Would you favor affiliation with other hospitals, so as to give your pupils the wider experience gained in a large hospital, and the spe-

cial training available in institutions maintained for the treatment of special classes of cases?

5. If in charge of a hospital of 100 beds or over, would you be willing to grant affiliation privileges to other schools?

6. In case of affiliation, how much time do you think it would be desirable for a pupil nurse to spend away from the parent school? During what period of the three-year training should she put in that time, and should she receive from the affiliated hospital remuneration at the pupil-nurse rates of the parent school, or that amount plus travelling expenses?

7. Could the resources of the local High School be utilized more than at present for teaching such subjects as physiology, hygiene, sanitation, dietetics and cookery?

8. Would it be desirable to ask for legislation requiring that every Training School provides a properly qualified instructress of nurses and a graduate night superintendent?

9. Would you favor Training School inspection by a competent Government official, preferably a nurse, on the lines of present common school inspection?

10. Would the hospitals be justified in requesting the Provincial Government to give a special grant towards expenses incurred by the education of nurses, such as the employment of Trained Nurse Teachers, etc.?

A total of forty-three replies were received, made up as follows: From Ontario, 21; Manitoba, 8; Saskatchewan, Alberta, 7; British Columbia, 7.

A large number of superintendents did not reply at all, but I feel that the leaven here represented will in time leaven the lump. It was especially interesting and inspiring to a small hospital woman like myself to note the interest displayed by the institutions of one hundred beds and under. Some of the answers received from the superintendents of small Training Schools showed earnest thought and courageous endeavor, even in the midst of discouraging circumstances.

A general resume follows:

(Q. 1), with regard to the number of beds requisite to the establishment of a Training School, there was a wide diversity of opinion. One superintendent thought two hundred and fifty should be the minimum, while another was modestly happy with five. The greater number thought a daily average of twenty-five or thereabouts should suffice, but the replies to this question were more irreconcilable than any of the others.

(Q. 2), as to suggestions for the management of class work, where the membership is small, did not elicit many replies. Several superintendents indicated, however, that this was an urgent problem with them, and said they would welcome advice as to its solution.

(Q. 3), regarding a standard curriculum specially framed to meet the needs of small hospitals, met with enthusiastic support in some instances, but others were dubious as to the advisability of such an innovation.

(Qs 4, 5, 6), with reference to affilication, seemed to call forth more comment than any of the preceding. Almost without exception the small hospitals were in favor of broadening their training by this means. The attitude of the large Training Schools was sympathetic—cautiously so—but still sympathetic. The period of affiliation varied from one year to two months. The majority favored three months in the senior year.

(Q. 7), regarding the possibility of the High School being utilized, was not interpreted in the same way by all who replied. Some evidently thought that better High School preparation was under discussion, whereas it had been the intention to enquire into the possibility of the High School lending its laboratories for teaching the subjects mentioned and even providing a teacher.

The answers to Q. 8, regarding legislation compelling Training Schools to employ a graduate night superintendent, were almost unanimously in the affirmative. The majority, however, did not endorse compulsory provision of an instructress.

(Q. 9), regarding Training School inspection, was endorsed by 37 out of 43. Six went on record as opposing such a measure. One only of all the replies received suggested that a medical man would be preferable to a nurse inspector.

(Q. 10), respecting Government aid to Training Schools for the education of the nurses, called forth conflicting opinions. Some felt that this was an inappropriate time to ask for such aid; others felt that the Government would be very unlikely to grant such a request; others again thought that it was a forlorn hope, but worthy of consideration.

Judging from the gist of these replies as here set forth, it would appear that certain recommendations might be formulated with a view to crystallizing opinion and affording a basis for discussion. These are merely tentative and are in no way intended to be comprehensive or final. They aim only to point out that avenues by which we may approach the desired goal, keeping step, as it were, and not, as at present, an unorganized rabble:

(1) Registration of nurses.

(2) Inspection of training schools.

(3) Development of affiliation.

(4) A standard curriculum.

(5) Standardization of examinations, preferably by means of a board, of studies appointed by the provincial universities.

(6) Standard preparation of the superintendents of small hospitals along teaching lines.

(7) Frequent conferences of heads of training schools.

(8) A better system of training school finance.

There is not, I am sure, a dissenting voice among us as to the first proposition. Registration is the cornerstone; without it we can do nothing. No matter how they maul our bills in committee, we will come back for amendments armed with votes this time. Continual dropping will wear away a stone.

With regard to Training School inspection, we need enlightenment in our own ranks. Much depends on the personality of the inspector. Unless she measures up to her opportunities, she is worse than useless; she is a menace; but, no matter how good she may be, she cannot succeed unless we co-operate with her. And is there any real reason why we should not do so? A properly conducted school, no matter how small, has nothing to fear from inspection; and a badly conducted school requires inspection, and it needs reform if it is to be allowed to continue to train nurses. In all Training Schools there is need for improvement, and far be it from me to suggest that the small school is the only one that needs inspection. On the contrary; but we do need it more than the large schools, because there are more of us.

The standardization of examinations lies within the province of the committee on the standard curriculum, and it is not necessary to deal with it here.

With regard to our own preparation along teaching lines much could be said. Many of the replies received to our question on compulsory appointment of an instructress advanced the argument that an instructress would be superfluous when the superintendent is already available. I will ask those of you who, like myself, are captain, mate and bo'sun's boy of your respective institutions, what time you have to formulate curricula, to make lesson plans, to prepare for demonstrations? Have you not again and again had to postpone classes in order to attend to some detail of administration which admitted of no delay? Furthermore, not all of us can teach, and few of us are specially trained to teach. A suggestion in this connection was made on one of the questionnaires, and it seemed to me excellent, that certain small hospitals, strategically placed, should be used as Training Schools for superintendents, so that they might prepare themselves scientifically for their chosen work and not blunder along in the old-fashioned method of "trial and error."

But, when all is said and done, it is a question of economics after all. Miss Nutting, the head of the Department of Nursing and Health in Columbia University, one of our greatest authorities on the question of the education of nurses, contends that until the Training School is financially independent of the hospital we cannot hope for better educational standards. Boards of directors still fail to recognize their responsibilities to the pupils of the Training School. They mistake a student

body for a working force. The superintendents of hospitals have gallantly done their best to meet these lions in the path.

Slowly but surely "concessions" (save the mark) have been wrung from them. Better food, better housing, better hours (some of us are content to stop there)—but there is more—better teaching and more of it.

Here and now is the psychological moment to better training conditions. The country at large is socially awakened and the voice of organized labor is heard in the land. Once convince directorates that the only way to retain their pupil nurses as a working force is to treat them as a student body and the rest is easy. The hospital is dependent on the Training School and they know it; furthermore, there are on every directorate one or two who will realize your problem and sympathize with you, and will recognize that exploitation of pupils is uneconomic and unwise.

These young women come to us for training, trusting that we will keep faith with them. Are we going to be content to give them "experience" more or less meagre, more or less uncoördinated, scattered, fragmentary?—or are we going to co-operate with one another to devise a true system of education founded on sound principles and bound together with the spirit of unity and concord?

It is worth while, even though there be no tangible reward; for it is a strange and a wonderful thing to kindle a flame. I know of one discouraged superintendent engaged in the sad task of opening the morning mail, with its inevitable bills and complaints, who chanced upon a letter from a former pupil who had been appointed to a position of great usefulness, and who wrote to tell her old instructress of her good fortune and to thank her for helping to prepare her for her great opportunity. At the end of the letter were these lines of Kipling's:

Therefore praise we famous men
From whose bays we borrow—
They who put aside to-day—all the joys of their to-day
And with toil of their to-day—bought for us to-morrow.

This was the perfect tribute. The woman to whom it was given knew in her heart she was not worthy of it, but she had tried to be. Shall not we follow her good example?

Respectfully submitted,

R. INCLEDON JOHNS, R. N.,
Children's Hospital of Winnipeg.

Report on Training School Records—by Miss Gunn, Convener. Miss Gunn gave no regular report, but her work was presented in the form of lantern slides, given by the courtesy of the Royal Victoria Hospital, at the session Friday, June 15th. These photographs will be printed in the Canadian Nurse.

REPORT ON CONSTITUTION AND BY-LAWS

CONSTITUTION.

Article I.—Name.

The Association shall be known as The Canadian——

Article II.—Objects.

The object of this Association shall be the advancement of the educational standard of Nursing and the development and maintenance of the highest ideals of the Nursing Profession.

Article III.—Officers.

The Board of Directors of this Association shall consist of fifteen members, one of whom shall be a President, one a First Vice-President, one a Second Vice-President, one a Third Vice-President, one a Secretary and one a Treasurer.

BY-LAWS.

Article I.—Membership.

Section 1.—There shall be two classes of members: (1) Active; (2) Honorary.

Section 2.—Any Graduate Nurse interested in nurse education, and who is eligible for membership in the Canadian National Association of Trained Nurses, may become a member of this Association.

Section 3.—On women who have rendered distinguished service or valuable assistance to the Nursing Profession, and whose names have been recommended by the Board of Directors, Honorary Membership may be conferred by unanimous vote at any general meeting.

Article II.—Dues.

The Annual Fee for Active Members shall be three dollars, payable in January of each year.

Article III.—Meetings.

The meetings of the Association shall be held at the time and place decided upon by the Board of Directors.

Article IV.—Elections.

Section 1.—The officers of this Association shall be elected at the general meeting by ballot.

Section 2.—The President and Secretary shall hold office until the adjournment of the general meeting following that of their election.

Section 3.—In case of a vacancy in any office, the President shall appoint a member to serve until her successor is elected.

Section 4.—A majority of those present, entitled to vote and voting, shall constitute an election.

Article V.—Duties of Officers.

Section 1.—The President shall preside at all general meetings, and shall be ex-officio a member of all committees.

Section 2.—In the absence of the President, the Vice-Presidents shall, according to their rank, perform the duties of the President.

Section 3.—The Secretary shall keep a correct record of all meetings of the Association, notify members of all regular and special meetings, notify officers of their election, committees of their appointment, keep a correct list of names and addresses of members, send a summary of business transacted at each meeting of the Board of Directors to the Directors not present at the meeting, and have the custody of all important papers. She shall turn over to her successor, within one month after the annual meeting, all Association property in her possession.

Section 4.—The Treasurer shall collect all fees and dues and notify members of unpaid dues. She shall keep a strict account of all funds received and expended and render a report at the regular meeting of the Board of Directors and the Association. The books and accounts shall be audited by an expert accountant. No bill shall be paid by the Treasurer until countersigned by the President or her representative. The Treasurer shall keep the funds of the Association in a bank designated by the Board of Directors and in the name of the Association. She shall turn over to her successor within one month after the annual meeting all Association property in her possession.

Article VI.—Board of Directors.

The Board of Directors shall be the Executive Committee, who shall convene at the call of the President.

Article VII.—A Quorum.

Section 1.—A quorum shall be the number of members present at any general meeting.

Section 2.—Three members of the Board of Directors shall constitute a quorum.

Article VIII.—Standing Committees.

Section 1.—All Standing Committees, with the exception of the Nominating Committee, shall be appointed by the Board of Directors following the adjournment of the general meeting.

Section 2.—The Programme Committee shall consist of five members; it shall prepare and arrange for papers and discussion for the annual meeting, and, in conjunction with the Executive Committee, complete the programme for the entire session.

Section 3.—The Committee on Arrangements shall consist of not less than five. The chairman of this committee shall be a resident of the city in which the general meeting is held.

Section 4.—The Publication Committee shall consist of three members, one of whom shall be the Secretary and one the editor of the "Canadian Nurse."

Section 5.—The Nominating Committee shall consist of five members, the convener appointed by the President and four appointed by the Association. The duties of this committee shall be to prepare a ticket of nominations, consisting of at least two nominees for each office and twelve nominees for Directors. Each member nominated must be willing to serve if elected.

Article IX.—CHAPTERS.

Section 1.—This Association shall encourage the formation of local branches, known as Chapters of the——

Section 2.—Members wishing to form a Chapter of this Association shall apply to the Board of Directors. All members resident in the proposed territory shall automatically become members of the Chapter when organized.

Section 3.—The officers of a Chapter may consist of a Chairman, Vice-Chairman, Secretary and Treasurer.

Section 4.—The Chapters may appoint standing committees to deal with local matters in accordance with the object of this Association. They shall refer all business of national interest to the Board of Directors of this Association.

Section 5.—The Chapters may not affiliate with any other organization.

Article X.—AMENDMENTS.

These By-laws may be altered or amended at any general meeting of the Association, or at any special meeting called for that purpose, provided notice of proposed change be mailed to each member at least thirty days before said meeting. That the name of this organization shall be "The Canadian Association of Nursing Education."

Section 2.—The President and Secretary of this Association shall hold office for a period of two years. The remaining officers and directors shall hold office until the adjournment of the general meeting following that of their election.

Your committee wish to suggest that for this year the President be appointed to act for one year and the Secretary for two years, so that in future the President and Secretary will fall out on alternate years.

Respectfully submitted,

E. MACP. DICKSON, Convener.

Report on Training School Records

(Miss Jean Gunn)

NAME OF HOSPITAL

MONTHLY REPORT OF THE PUPIL NURSE

Date_____

Name_____

Ward_____ Class_____

Thoroughness in Work_____

Interest Displayed_____

Powers of Observation_____

Punctuality_____

Nature of Surgical Technique_____

General Attention and Kindness to Patients, Disposition_____

General Deportment and Behavior_____

Executive Ability_____

Strong Points and Weak Points in Character and Work_____

Has she been corrected?_____

General remarks and improvement, if any_____

_____

_____

_____

_____

_____

_____

_____

Head Nurse.

NAME OF HOSPITAL SCHOOL FOR NURSES

MONTHLY RECORD

Name..... First Year.....

MONTH	Surgical		Medical		Gynecology		Eye & Ear		Private		Semi-Priv.		Emergency		Admitting		Out Door		Obstetrics	Children	Operating Room	Diet Kitchen	Surgical Supplies	Residence	Special	Illness	Absent	Vacation
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Regular duty.	Clinics only.										

SECOND YEAR

REMARKS:

A card similarly arranged is provided for Second and Third Year Students.

NAME OF HOSPITAL

SCHOOL FOR NURSES

STUDENTS' HISTORY CARD

Name

Address

Name of nearest relative

Address of nearest relative

Date of birth

Religion

Summary of Preliminary education

Report of Physical Examination at Close of Probation Term

Name of Examining Physician

Date of Physical Examination

Standing in practical work:

- Preliminary Term
- First Year
- Second Year
- Third Year

Standing in Theory:

- Preliminary Term
- First Year
- Second Year
- Third Year

Qualifications:—Thoroughness in work
Adaptability
Observance of rules
Executive ability
Strong or weak points in character

Special Training

General remarks:

Permanent home address

NOTE:—If the Student resigns or is dismissed from the School for Nurses, full information must be entered on this card.

RECORD OF INSTRUCTION AND EXAMINATION

SUBJECTS	Instructor	YEAR				No. of Lessons	Standing in Examinations
		Preliminary	1st	2nd	3rd		
Practical Nursing—Prelim'ry							
2nd year							
3rd year							
Anatomy and Physiology							
Hygiene and Sanitation							
Bandaging							
Chemistry							
Materia Medica—Prelim-ry							
Materia Medica							
Ethics							
Dietetics							
Bacteriology							
Urinalysis							
General Medicine							
Surgery—2nd year							
3rd year							
Gynæcology							
Anesthesia							
Infectious Diseases							
Nursing in Tuberculosis							
Massage							
Obstetrics—Classes							
Lectures							
Dermatology							
Mental Diseases							
Eye							
Ear, Nose and Throat							
Medical Social Service							
{Diseases of Children {Infants' Feeding							

SUMMARY OF PRACTICAL WORK

DEPARTMENTS	YEAR				Summary of Monthly Reports
	Preliminary	1st	2nd	3rd	
Medical					
Surgical					
Gynæcological					
Eye, Ear, Nose and Throat					
Obstetrical					
Out Patients					
Out Patients (Clinic only)					
Surgical Supplies					
Children					
Emergency					
Admitting					
Social Service					
Semi-Private					
Private Pavilion					
Night Duty					
Operating Room					
Diet Kitchen					

NOTE—Total number of days on duty in each department to be entered.

RECORD OF TIME OFF DUTY

Vacation 1st Year Date
2nd Year Date
3rd Year Date

Illness—Date Diagnosis No. of Days

Absent—Date Cause No. of Days

Special Discipline Cause
Character

Time made up—Total No. of days

Editorial

Among the features of the convention of the Canadian Association of Nursing Education, held in Montreal, none was so well received as the Round Table. This year more time had been set apart for this, but even then the interest displayed was so great and the opportunity to talk over the problems that each one of us encounters in her professional life, with others who may have had a clearer vision was felt to be so valuable that not half the questions could be taken up. There is no doubt to many of us that discussions, and not the formal papers and addresses, will be the feature of the coming conventions. One of the criticisms often heard of conventions by those who do not attend is: "We can read all this in any good nursing magazine," and if that is all one expects to get out of a meeting of representative nurses from all over our Dominion then perhaps that will satisfy that type of nurse. We hope to print some of the discussions of the "Table" in later issues.

* * * *

It seems strange in these days, when the benefits of a carefully worded Act of Registration can be compared with one where the whole plan of nurses' registering has been ruined by a weak compliance with the spirit of compromise, to see the South African Nursing Record state that the new Medical Bill, which affects nurses and midwives, as it stands, "is a good bill and is quite the biggest advance that has yet been made in professional organization." "The existing Medical Councils are to be abolished and a South African General Medical Council formed, consisting of twelve medical men and three dentists. The Minister of the Interior has not seen fit to accede to our request for nursing representation on the Council, though we have seen no fair argument against it, and such a privilege seems to us to be only just." "We do not think that in all the world there is a parallel case of a bill so complete, so protective and so just." The British Journal of Nursing, in commenting on this statement and comparing it with the clauses of the Bill, says: "We are sorry, after reading the clauses of this Bill, to differ from our contemporary, as it is usually so liberal and straight on nursing affairs, but this Bill does not only exclude the Nursing Profession in South Africa from any representation on the proposed governing council, but actually provides for granting certificates to, and registering, midwifery attendants and nursing attendants (if it sees fit) of a grade different from those required for certified midwives and trained nurses, entitling them to practise under the supervision of medical practitioners. This 'privilege' means depreciation of efficient midwifery and nursing standards and an attack upon the economic condition of registered midwives and nurses,

and, as members of both these professions are excluded from any power of control concerning their own affairs, it is bound to produce endless dissatisfaction and, maybe, nijustice." To call this a "Bill so complete, so protective and so just," sounds like sarcasm to those of us who feel that the nursing profession is quite capable of governing our own profession, and to beg, with uplifted hands, to be spared such "protection."

* * * *

Summer is always an unsettled time for the nurse, as well as for everybody else, but, now that we have settled down to the winter's work, will each Canadian nurse please make a special effort to help her journal? As, you see, the personal items are few this month. Subscriptions have also been conspicuous by their absence, and still the expenses go on. Below you will find a little information which may help you and the Editor. So many do not remember to fill out the renewal form which always accompanies the expiry slip, and consequently are cut off the list, losing the issues till the money is sent for the year.

* * * *

THE CANADIAN NURSE AND HOSPITAL REVIEW.

Owned and Published by the Canadian National Association of Trained Nurses.

To the Subscriber:

With this issue begins the second year of the magazine under the nurses' ownership. Owing to increased cost of production, the C. N. A., in the Montreal convention, decided to increase the price to $2.00 a year, beginning with the September issue. Single copies will now be 20 cents a copy; club rates, $1.50 for each subscriber, when ten or more are sent in by one person at one time. When you receive the expiry slip, your subscription expires with that issue. Fill out the blank, enclose stamps, money order, either post or express, and mail within the next ten days, so that you will not miss the next number. When sending your subscription, please be patient if there is a little delay in receiving your first copy. Mention issue with which subscription is to begin. We cannot start with back numbers. If the current number is sold out when your order is received, we will begin your subscription with the following issue. If your magazine does not reach you by the first of the following month (the magazine is mailed for the current month on the 15th of each month), please notify us at once. Mention last issue received and number of your receipt. Please let us know as soon as possible of any change of address. We cannot make a change of address on our list unless you give the complete old address, as well as the new one. It also helps if you also mention the date you subscribed. Advertising rates may be had on application. An appeal is made to every nurse to give this journal

her heartiest support; she can help in many ways—by subscriptions, canvassing for advertisements, by mentioning the "Canadian Nurse" when she patronizes our advertisers, and by sending material of all kinds to the Editor for publication. We are carrying this, the only nursing journal in Canada, through hard times, and we need each nurse to feel that this is indeed her own journal, and that she, with the officers of the C. N. A., is responsible for its production and maintenance. With all giving a helping hand, the thing is accomplished, but the few cannot carry the burden alone, nor is it fair to ask it of them. The Editor extends thanks to all the many nurses who, through the first year of finding her way, helped in so many ways. May she count on many more taking the *personal* interest?

* * * *

Miss F. M. Shaw's paper: "Work being done in Montreal in connection with the Patriotic Fund," and "Work with the Baby Clinic," by Miss Forsythe, Toronto, will be published in later issues of the *Canadian Nurse*.

THE SPIDER'S THREAD

The nurse lays a white hand under the cover:
The pulse of the patient is feeble and slow.
There's sun in the room,
And a little gray spider
Is floating a web up, and wafting it over.
While there where the breeze makes the distance seem wider,
The silken thread trembles in longing to go.

A white face lies back with a sigh on its pillow;
The eyeballs are weary and daylight's aglow.
There's noon in the room,
And a little white spider
Sits watching the wind, that in myrtle and willow
Will ambush till night fells the gay golden rider
Who baffles the thread that is waiting to go.

A sheeted form lieth in silence—a mourner
Sighs out a lone wail to the embers below.
There's dark in the room,
And a little black spider
Spins busily up in a far distant corner,
Where winds stretch the strings of night's sombre bow wider,
The silken thread caught where it wanted to go.

—*Boston City Hospital Nurses' Alumnae Quarterly.*

Chief Superintendent's Annual Report, 1916

(Continued from last month)

The Lady Minto Hospital at Melfort has had a splendid year and reports the financial showing of the institution good. Miss Gertrude Sarney, who had filled the post of Matron so very ably for four years, resigned and is now in charge of the new Lady Minto Union Hospital at Edam. The Queen Victoria Hospital at Yorkton has had a good year, as usual.

The Hyde Park district has done splendid work. The nurse resigned to be married, and up to the present we have not been able to fill the vacancy. Paynton, too, is still vacant. The Fairlight, Enfield, Jedburgh and Meota districts are doing well. The Enfield Committee have built a very attractive little Nursing Home at Central Butte, which will be opened in the near future. I wish to read a letter from the doctor in this district which is illuminating:

"Central Butte, Sask., Jan. 16, 1917.

"Dear Madam:

"It gives me pleasure to report on the work of the Victorian Order of Nurses in this district, since the organization of the Enfield Local Association and the arrival of your nurse, Miss Adams, about a year ago. As a medical practitioner, attending over fifty cases with the trained assistance of Miss Adams, both surgically and medically, I wish to state that we, in this district, cannot feel too grateful towards your organization for the work already done. This Association is doing a great work and in a locality where the care of a trained nurse is urgently needed. There are, however, many hardships with which a nurse on the prairie has to contend, but in such a district the work of a nurse is all the more needed and appreciated, both by patient and physician. Nurse Adams has proved herself both able and willing to cope with all these difficulties, is very proficient in her work and very self-sacrificing and attentive to her

patients, both rich and poor alike. As a medical doctor, I wish to state that, if the work of your nurse here is a criterion of the work of your Order all over Canada, your Order is one which should have most enthusiastic support by all, so that your trained nurses may be sent to hundreds of districts where the sick are suffering and even dying for the need of good care during illness. To the patients, nurses' care is most important, and to the physician, in many cases so far away that only occasional visits can be made, their assistance is most important to carry out his treatment efficiently. Your Victorian Order Nurses are doing this noble work, and I believe in places where the work is most needed, as it has been in this district.

"Yours sincerely,

(Signed) P. L. STRAITH, M. D."

In Alberta we have five branches; Districts at Calgary and Edmonton, hospitals in affiliation at High River and country districts at Cereal and Rollinson. The Calgary District has had a good year; a second nurse has been added to the staff, and increases are reported. Edmonton has had a very busy year. This branch is paying special attention to Child Welfare work, one nurse being employed specially for that branch of the work. The country district at Cereal is doing well. The district was without a nurse for a time, but now has one. The Rollinson district has been very satisfactory and the nurse is thoroughly appreciated. In Alberta, besides, we have two hospitals, one at Islay waiting to be opened, and one at Edson, which was finished the year the war broke out and has not yet been opened. Both are in districts where hospital care would be a boon to the people. Lack of funds keeps them closed.

In British Columbia there are fourteen branches: District at Vancouver, North Vancouver, South Vancouver, Kingsway, Burnaby (including North Burnaby), Richmond, New Westminster, and Victoria, and hospitals at Revelstoke, Chase, Kaslo, Ashcroft, Quesnel, and Ganges, Salt Spring Island.

(Continued in next month's issue)

* * * *

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

The Nurse's Library

Cancer, Its Cause and Treatment, Vol. II, by L. Duncan Bulkeley, A. M. M. D., Senior Physician to the New York Skin and Cancer Hospital, New York, etc. Paul B. Hoeber, New York. Price, $1.50.

The first volume of Dr. Bulkeley's work on cancer was published two years ago, in which he stated his theory that cancer was caused by a disturbance of metabolism, largely the result of an oversupply of animal proteid food. In this volume he gives very clear directions to those suffering from this too common and dread disease as to diet and treatment. The book is written for physicians, but there is such a masterly simplicity in the absence of technical terms that it is of the most intense interest to anyone who wishes the latest information and help on this problem of the medical world to-day. In the treatment the author considers the most important thing is to arrange as far as possible that the diet shall not consist of nitrogenous food, and to eliminate such matter from the system. He prescribes a diet almost entirely vegetarian, with the exception of butter and the use of certain drugs. He has had great success along these lines, and his book certainly gives hope to the victims of this disease, particularly if not of too long standing. Very complete dietaries are given and the medical treatment clearly indicated.

State Board Questions and Answers for Nurses, $2.50; compiled and edited by John Foote, M. D., Assistant Professor of Therapeutics, Georgetown University Medical School, and Paediatrist to Providence

Hospital, Washington, D. C. Published by J. B. Lippincott Co., Philadelphia, and London, Canada. J. B. Lippincott Co., 201 Unity Building, Montreal.

This book will be found of the greatest value to teachers in Training School and to the busy superintendent who has the teaching of the nurses and the dread examination papers to prepare, as well as to the graduate preparing to take her registration examination. The questions have been taken from actual State papers in thirty-one States, giving in a condensed form the general type of questions asked by these Boards. It is a valuable guide to the student.

Vocational Mathematics for Girls, by William H. Dooley. Cloth, illustrated, $1.28. D. C. Heath & Co., Boston, Chicago and New York.

This book is along a rather new line in the teaching of mathematics outside of regular vocational schools. The author has had much experience in both vocational and industrial schools. The mathematics is of the sort that nurses need, as well as every other girl. One section is devoted to arithmetic for nurses, and anyone who has had to deal with the nurses who come to us from the High Schools have a very real knowledge of just how little the arithmetic and other mathematics is put to any practical use when "solutions and metric system" is on the day's programme for the class.

Florence Nightingale as Seen in Her Portraits, by Maude S. Abbott, B. A., M. D., McGill University, Montreal. Illustrated, paper cover, 75 cents; cloth, $1.00.

This book is a brief story of Miss Nightingale's life and is fully illustrated. There is an introductory note taken from an address which Dr. Abbott gave to the Harvard Historical Club. This book has special features which should bring it to the attention of Canadian nurses, as the entire proceeds of the sales are given to the Canadian Red Cross Society. Those desiring this book should apply to Miss Helen DesBrisay, 638-A Dorchester St. W., Montreal, or to Dr. Maude Abbott, McGill University, Montreal.

Handbook of Anatomy for Students of Massage, by Margaret E. Bjorkeson; second edition, illustrated. Price, cloth, 5s. net. Balliere, Tindale & Cox, Covent Garden, London, England.

In these days of the increased need of an accurate knowledge of massage in the extensive field, particularly of military work for the wounded soldiers, it is most necessary that a good textbook be provided. This is, I believe, the first book written dealing with Anatomy specially arranged for students of Massage, and should be of great value to them.

The Treatment of Emergencies, by Hubley R. Owens, M. D., Surgeon to the Philadelphia General Hospital, Assistant Surgeon to Medical Reserve Corps, U. S. Navy, etc., 12 mo., Vol.; illustrated; W. B. Saunders Co. (J. F. Hart Co., Canadian agents). Cloth, $2.00.

The preface to this book tells its own story better than the reviewer can. "I was unable to find a book on First Aid or the Treatment of Emergencies in which the principles of and the reasons for the application of first-aid dressings were fully discussed. I have examined hundreds of students of first aid who could do the practical work and answer examination questions in a poll-parrot manner, but who had no idea of the underlying principle of the dressing and the reason for a particular method of application. The criticism of the book may well be that it is too technical for the layman, and that many procedures recommended would be too dangerous for him to undertake. My defence as to this criticism is that unless a person wishes to become well versed in the treatment of emergencies it would be wise not to undertake the subject at all. The mere tyro in first aid is the one who usually comes to grief, and many of the manuals on first aid still leave their students tyros because they fail to teach those most necessary underlying principles."

Hospitals and Nurses

NEW BRUNSWICK

The graduating exercises of the Moncton Hospital were held at the hospital June 29th, 1917. The following nurses graduated: Misses Alice E. Martin, who is at present at the James H. Dunn Hospital, Bathurst; Grace E. Myles, Lillian Warman, Gertrude McK. Murray.

Miss Elizabeth Brittain, St. John Public Hospital, is in Halifax, en route for overseas.

The annual meeting of the New Brunswick Association of Graduate Nurses was held in St. Stephen, July 10, 1917. About thirty-eight nurses were present, including the twelve who make up the council. The President, Mrs. Branscombe, was in the chair. After the roll was called, the minutes of the proceeding and all previous meetings of the year were read and adopted. The President gave an address of welcome, which was responded to by Miss Whyte. The Treasurer's report, read and adopted, and also that of the Secretary, who reported thirty-nine new members during the year. Important subjects were discussed at the meetings, and a uniform fee for the province adopted. This is $18 a week for general nursing and $21 for infectious cases, to come into force August 1st, 1917.

The following officers were elected: President, Miss Gertrude Williams, St. John; First Vice-President, Miss Marion Hanson, Fredericton; Second Vice-President, Miss Corbett, Moncton; Third Vice-President, Miss A. A. Whyte, Bathurst; Treasurer, Miss Emma Mitchell, St. John; Recording Secretary, Miss M. Retallick, St. John; Corresponding Secretary, Miss Ada Burns, St. John; Provincial Registrar, Mrs. Mabel Richards, Newcastle; Council, new members, Mrs. Vaughan, Miss Holt, St. John, and Miss Branscombe, St. Stephen.

At the end of the sessions the physicians entertained them at dinner at the Algonquin Hotel. Lieutenant-Governor Ganong accompanied the party.

* * * *

ONTARIO

A most enjoyable afternoon was spent recently at Lakeside Home, Toronto Island, where Miss Potts, Superintendent of the Hospital for Sick Children, entertained the graduates of that hospital who are now at the Military Base Hospital, Gerrard street, Toronto.

Miss Kinder and Miss Farquarson, of the Hospital for Sick Children, attended the convention of the C. N. A. and the Canadian Association of Nursing Education in Montreal.

The following nurses, graduates of the Hospital for Sick Children, have gone overseas recently: Miss Annie K. Pears, with the Q.A.M.N.S.; Misses Marion Piggott, Irene Davidson, Lily R. Harris and I. Bradley, with the C.A.M.C. The following nurses are still at the Military Base Hospital, expecting to be transferred overseas shortly: Misses Jean Weatherstone, Helena M. Daly, Muriel Davies, Ethel M. Darby, Ivy Anderson, Mary E. Aitkens, Mary Burgess and Marjorie Gardiner.

* * * *

BRITISH COLUMBIA

Miss Norma Walker (W. G. H.) has resigned her position as Assistant Superintendent at the Nanaimo General Hospital and expects to leave shortly for active service overseas.

Miss M. A. Lewis, of Chilliwack (Paddington Hospital, England), has been appointed Superintendent of the Nicola Valley Hospital, Merritt, B. C.

Miss Musselman (V. G. H.) has left Vancouver to take up her duties as Superintendent of a hospital near Edmonton.

The engagement is announced of Nursing Sister Margaret Mary (Peggy) Rose (V. G. H.) to Captain G. W. McIntosh, of the 72nd Canadian Seaforths. Miss Rose was presented in February with the Royal Red Cross. She has been overseas since January, 1915.

Miss Lawson (Seattle General Hospital) has been appointed on the school nursing staff of Vancouver.

Miss MacLeod, Supervisor of the Military Annex to the V. G. H., is in Calgary on her vacation. Miss Drainie (Roosevelt Hospital) is acting Supervisor.

Miss Arthur has returned to Vancouver after a year spent at her old home in Prince Edward Island.

Miss McKnight, Superintendent of Anyox Hospital, spent her vacation in Vancouver.

Miss Mary Bond has gone East for an extended visit.

Miss Jessie Beattie has recently arrived from Honolulu to take up private nursing in Vancouver.

Miss Ewing is supplying for three months at the Anyox Hospital.

Miss Lillie Fogg, till recently dietitian at the R. I. H., Kamloops, has returned to Vancouver.

Miss Minnie Gordon has been visiting in Edmonton.

Miss McCartin (V. G. H.) has returned to Vancouver after taking a course in massage at the Pennsylvania Orthopedic Hospital, Philadelphia.

The many friends of Miss Roycroft are glad to see that she is recovering so completely from her recent illness.

Miss Blair, charge nurse of the Eye and Ear O. R. W. G. H., is spending her vacation in Vancouver.

Births

WETMORE—To Mr. and Mrs. C. B. Wetmore, in June, 1917, a daughter, Bessie Mauretta. Mrs. Wetmore was Miss Bessie Snell (G. P. H.), St. John, N. B.

WEBSTER—At Vancouver General Hospital, August 9th, 1917, to Dr. and Mrs. A. V. Webster, a daughter. Miss Webster was Miss Charlotte White, graduate of the R. V. H., Montreal.

Marriages

LEONARD-STENTIFORD—On August 1st, at Seattle, Miss Rhoda M. Stentiford (V. G. H.) to Dr. Eugene T. Leonard.

WEIS-ROLPH—At St. Paul's Church, Toronto, on June 13th, 1917, Adela Grace, daughter of Mr. Frank Rolph, to Mr. Herman Weis, of Holyoke, Mass.

CLARKE-MCDONALD—At the home of her mother, William street, St. Thomas, on June 26th, 1917, Jessie Gilmour, daughter of Mr. John McDonald, to Dr. Thomas Crossan Clarke, of Dundas, Ont.

GRIEVE-ALLEN—On Wednesday, August 1st, 1917, in Knox Church, Alliston, Ont., by the Rev. M. F. Cree, Mildred Clarissa, only daughter of Mr. and Mrs. James Allen, to Dr. George W. Grieve, Toronto. Miss Allen is a graduate of T. G. H., 1907.

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Told Patient He Would Soon be Dead

Nursing Sister Mabel Joice, honor graduate of the Western Hospital, Toronto, who is among the Canadian Nursing Sisters in France, and is now at Hospital No. 41 Militaire, Lisieux, Calvados, France, in a letter to a cousin in Cobourg tells some very interesting stories of her work. Speaking of the difficulty which the Canadian nurses experience in not being able to speak French, she says:

There is always something happening even in our busiest days to make us laugh, that is, if one has any sense of humor whatever. One of the Sisters who had been in France but a short time, and was struggling with the language like the most of us have to do in an attempt to console a patient who was too unduly concerned about his condition, said to him: "Don't worry, you will be dead to-morrow." Of course she was quite sure that she was saying: "Do not worry, you will be better to-morrow." The words "better" and "die" are not unlike, but she pronounced her word wrong. She greeted him with the same words three different mornings in succession and could not understand his agitated attitude after her message of cheer. However, after the third offence, the mystery was explained, but furnished a good joke for everyone.

Describing the hospital, she says that it is about three hours' journey from Paris, in a quaint old village. It is not a large hospital, only being about three hundred beds, but the work is much better than we had at Bordeaux, being so much nearer the firing line. We do not keep the patients here very long. We get them quite directly from the front, and when they are able to be moved they are sent on to another hospital. Just now we are rather slack again, but for the past two weeks have been awfully busy. You can imagine somewhat the nature of the work when we were doing pansements (surgical dressings), from 8 a.m. until 6 p.m., and just taking a short lunch hour. There is a very good system here for doing the dressings. While we dress their wounds the orderlies make their beds up fresh, which means that each day the patients have their mattresses turned and a fresh bed, which insures a good rest, and one gets the dressings done much quicker than if we had to take our dressing chariots around the salle. One day one girl and myself dressed sixty-six patients, and there is hardly a man who has only one wound. The majority of them have two and some five and six. They are splendid patients and bear their sufferings bravely, always manifesting a cheerful spirit.

I have just been back on duty three weeks after three weeks' holidays. I did so thoroughly enjoy it, for I was up at a Canadian hospital in the north. I know a number of the doctors and nurses, and the whole camp did their best to give me a good time. Why, they even tried to make quite a heroine of me because I had been altogether with a foreign people for so long a time. You do not know how I enjoyed being with Canadians again. Needless to say, I felt extremely lonely coming back to

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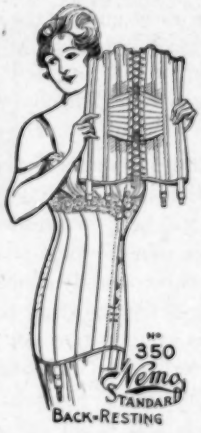

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this quiet village where it is a case of "parlez vous Francais" or say nothing, and the one is about as difficult as the other for me, but war time is not the time to think of being lonely, so I will have to dismiss it from my mind.

A Hospital Managed by Women

One of the most interesting phases of women's work which I saw in France was that of the Scottish Women's Hospital Association, at the Hospital at Royaumont, where I was glad to find we had a Canadian ward, with a Canadian flag on the walls.

The Hospital is entirely managed by women; the surgeons, the nurses, the orderlies, the chauffeurs operating the motor ambulances are all women. The hospital building is the old Abbey and the Canadian ward was the old refectory—a beautiful Gothic hall. The women in charge have the real sense of the artistic as well as of the philanthropic. On every cot there was a bright red blanket, and the bright red blankets presented a most pleasing contrast with the grey walls of the refectory. Each soldier, as he convalesces, and is able to go about the grounds, also wears a bright red coat, and the contrast of the coats of the patients with the green of the beautiful park surrounding the Abbey make a very pleasing scene. In this hospital I saw a number of the French Colonial troops, the great, powerful Singalese, the blackest men one can see, side by side with the Tunisian Arabs, spare and agile. As the hospital is near the front, many of the most serious cases are taken to it. It was a very interesting and touching sight to see these wounded soldiers of France, men of Africa, of the Mahommedan faith, being brought back to life and health by the skill and tender ministry of the Christian women of Great Britain.

The marvellous spirit which France has displayed in this war and the wonderful achievements of the French soldiers have only been made possible by the heroism, the devotion and the self-sacrifice of the women of France.—Hon. N. W. Rowell, in *Woman's Century*.

BEFORE THE ATTACK

When the men are drawn up in half platoon,
And the constant din makes your reason swoon;
When your mouth is dry, and there's a funny twist
At the pit of your stomach, and you clench your fist—
Then the only prayer that you need to pray
Is—God give strength to a coward to-day.

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Unnamed at times, at times unknown,
Our graves lie thick beyond the seas;
Unnamed but not of Him unknown—
He knows!—He sees!

And not one soul has fallen in vain.
Here was no useless sacrifice.
From this red sowing of white seed
New life shall rise.

All that for which they fought lives on,
And flourishes triumphantly;
Watered with blood and hopeful tears,
It could not die.

The world was sinking in a slough
Of sloth, and ease and selfish greed;
God surely sent this scourge to mould
A nobler creed!

Birth comes with travail; all these woes
Are birth-pangs of the days to be.
Life's noblest things are ever born
In agony.

So—comfort to the stricken heart!
Take solace in the thought that he
You mourn was called by God to such
High dignity!

JOHN OXENHAM, in *Nursing Journal of India.*

The teacher had recited "The Landing of the Pilgrims." Then she requested each pupil to draw from imagination a picture of Plymouth Rock. Most of them went to work at once, but one little fellow hesitated, and at last raised his hand.

"Well, Willie, what is it?" asked the teacher.

"Please, ma'am, do you want us to draw a hen or a rooster?"

First Artist—I received a magnificent tribute to my skill the other day at the exhibition.

Second Artist—Indeed! what was it?

First Artist—You know the picture, "A Storm at Sea?" Well, a man and his wife were looking at it, and I overheard the fellow say, "Come away, my dear; that picture makes me sick."—*Chicago Herald.*

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Treasurer of Alumnae Ward Fund—Mrs. Valantine, 55 Lakeview Avenue.

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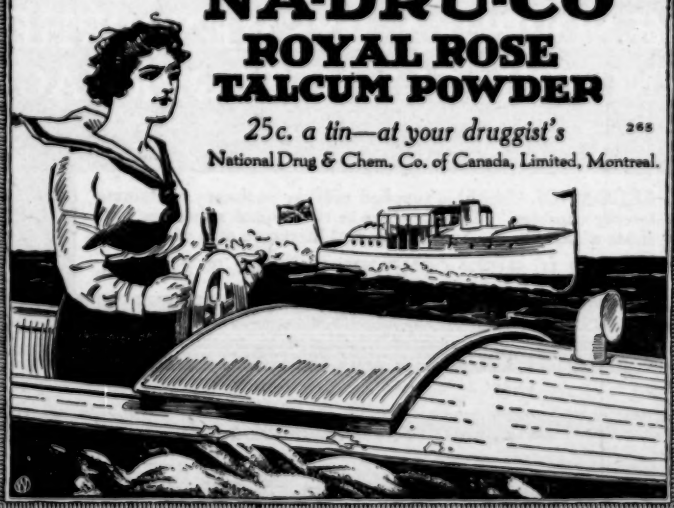

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